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COVER LETTER

Division of Corporations				
418 Park Place, LLC				
· · · · · · · · · · · · · · · · · · ·	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	s matter to the following:			
Joy S. Stone				
Name of Person				
418 Park Place, LLC				
Firm/Company				
16 W. Riverside Drive				
Address				
Jupiter, Florida 33469				
City/State and Zip Code				
stonebug@mac.com				
E-mail address: (to be used for future annu	ual report notification)			
For further information concerning this matter,	please call:			
Joy S. Stone	561 346-8401			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

2 / 5		71		
2. (a)	Principal office address of limited liability company:	(b)		Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 16 W. Riverside Drive		16 \\ F	(Note: MAY BE POST OFFICE BOX)
	10 W. niverside Drive		16 VV. F	Riverside Drive
	Jupiter, Florida 33469		Jupiter,	Florida 33469
	February 21, 2003		_030000	06480
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Sta	
	Larry B. Alexander, Esq.			~.7
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS		
	505 S. Flagler Drive, Suite 1100			
		33401		FILE L. 3: 22 2011 JUN 22 TH 3: 22 TAILLANGSEE FLORID.
	. I	l		The second
(b)				200 4
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress:	- 22
				₹
	Joy S. Stone			_
	NEW Registered Office Address:			
	16 W. Riverside Drive			_
	Jupiter, F	33469		
				_
If the I the cha	imited liability company is not organized under the lange or changes are made, the Florida street address of	iws of the of the regis	State of Fl tered offic	lorida, it is hereby confirmed that after re and the business office of the registered
agent v	will be identical. Or, in the case of a Florida limited I	iability co	npany, it	is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the			
	Vie 1 1/14/12		S. Stone	• •
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
1 here	by accept the appointment as registered agent and as	ree to act	in this cap	oacity. I further agree to comply with the
provisi the obi	ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address. I	e performo ed for in C	nce of mv hapter 60.	duties, and I am familiar with and accepts. F.S. Or, if this document is being filed
to mer notifie	ely reflect a change in the registered office address. I I in writing of this change.	héreby co	nfirm that	the limited liability company has been
yici	a in manig sprins change.			

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

1. Na	ame of the limited liability company: 418 PAF	RK PLACE, LLC	
` ,	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)
	16 W. Riverside Drive	16	S W. Riverside Drive
	Jupiter, Florida 33469	Ju	ıpiter, Florida 33469
	February 21, 2003	LO:	300006480
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
o. (.)	Registered Agent and Registered Office shown on the rec	ords of the Florida Dep	ot, of State:
	Larry B. Alexander, Esq.		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	505 S. Flagler Drive, Suite 1100		
	West Palm Beach	, FL 33401	
		, FL	
(b)			
(-,	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address	<u> </u>
	Joy S. Stone		
	NEW Registered Office Address:		
	16 W. Riverside Drive		
	Jupiter	_, _{FL} 33469	
the cha agent v was/wo	imited liability company is not organized under inge or changes are made, the Florida street addi vill be identical. Or, in the case of a Florida lime ere authorized by an affirmative vote of the men icles of organization or the operating agreement	the laws of the Sta ress of the registere lited liability comp abers of the limited of the limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
-	turf of a member or authorized representative of a member	<u>/7</u> Joy S.	
9			Printed or typed name of signee
provisi the obl to merc	ions of all statutes relative to the proper and con	mplele performance	this capacity. I further agree to comply with the e of my duties, and I am familiar with and acceptoter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signatu	fe of Registered Agent	4/11	