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COVER LETTER

1'

TO: Registration Section Division of Corporations	
New Palladium Athletic Village L	LC
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Nathan Berman	
Name of Person	
Corporate Solutions Inc.	
Firm/Company	
40 SW 13th Street, Suite 804	
Address	
Miami, Florida 33130	
City/State and Zip Code	
nathberman@aol.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, plea	se call:
Nathan Berman at	305 371-6563
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 amo	ount:
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
(AUC) 812H/I	

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.

1. Na	ame of the limited liability company: New Palladium	Athle	tic Villag	e LLC			
2. (a)	AD SW 13th Street 804 Miami EL 33130	(b	40 SW	13th Street 804	Miami, F	L 331	30
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	,	Mailing address of limite (Note: MAY BE POS	•		
		- -					
	03/26/2003		L03000	010892			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Business Filings Incorporated						
J. (4)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of Sta	me:			
	1200 South Pine Island Road Plantation, FL	33324					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	_			
					.≥:		
	1200 South Pine Island Road Plantation, FL	33324		_	HAA Bad	7 SE	
(b)	Josefina A Gattei PA				TAR'	SEP 25	41 -W
(5)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	EE,	AM	i I
					L (X)		
	NUMBER OF ALL		_	_	SA	7: 0#	¥
	NEW Registered Office Address:				<u> </u>	40	
	1000 E Hallandale Beach Blvd Suite 28	 .		_			
	Hallandale Beach , FL	33009					
the chagent was/withe and	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of panitation at the operating agreement of the law to the l	the reginate the filter of the limited in the limit	stered offi ompany, it nited liabil liability co	ce and the business of is hereby confirmed ity company or as of	office of the c	he regi: :hanee(stered s)
Sign	ature of a member of authorized representative of a member			Printed or typed name	of signee		
the oh	thy accept the appointment as registered agent and agri- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address. I had in writing of this change.	ואר איני אוני אוני	ance at m	n dutine and Lane for	milion wit	h mud i	
Signat	ure of Registered Agent						
				_			