

L03000012267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

MAY 27 2008

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EXODUS 613, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shila Dori Zashi  
(Name of Person)

[Scribbled Signature]  
(Firm/Company)

7538 Chester tr  
(Address)

Boca Raton FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Shila Dori Zashi at (561) 3937355  
(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 608.416 or 608.508, 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. Name of the limited liability company: EXODUS 613, LLC
2. (a) Principal office address of limited liability company: 7200 W CAMINO REAL  
SUITE 302  
BOCA RATON FL 33433  
*(Note: MUST BE STREET ADDRESS)*
- (b) Mailing address of limited liability company: The Same as above  
*(Note: MAY BE POST OFFICE BOX)*

- 4/4/03  
3. Date of filing/registration in Florida
- L03000012267  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

DANIEL KASKE

Registered Office Address:

7200 W CAMINO REAL  
SUITE 302  
BOCA RATON FL 33433

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

Shila Dori Zaghi

NEW Registered Office Address:  
*(MUST BE FLORIDA STREET ADDRESS)*

7538 Chester tr  
Boca Raton FL 33433

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Shila D. Zaghi  
(Signature of a member or authorized representative of a member)

SHILA D ZAGHI  
(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Shila D. Zaghi  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32311  
FILING FEE: \$25.00