103000019565

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

400078317834

08/04/06--01011--032 **25.00

SECRETARY OF STATE

UG -4 AM II: 57



COVER LETTER

Division of Corporations			
SUBJECT: Fort Family 1 - Grand Ba			
(Name of I	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing	ng.	
Please return all correspondence concerning	this matter to the following:		
Gary S. Phillips, Esquire			
(Name of Person)			
Phillips, Cantor & Berlowitz, P.A.	· · · · · · · · · · · · · · · · · · ·		
(Firm/Company)			
4000 Hollywood Blvd., Suite 375 Se	outh	2006 AUG -4	SECI Secilities
(Address)		- 9N	32 F
Hollywood, FL 33021			RY CR
(City/State and Zip Code)		AH II: 57	STA
For further information concerning this matt	er, please call:	57	USAN TE
Gary S. Phillips, Esq.	_at (954) 966-1820		ny .
(Name of Person)	(Area Code & Daytime Telepho	ne Nu	mber)
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	g 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. The name of the limited liability company is:	Fort Family I - Grand Bay, LLC
2. The mailing address of the limited liability co	ompany is: 801 Brickell Avenue, Suite 1100
Miami, Florida 33131	· · · · · · · · · · · · · · · · · · ·
05-30-2003	L03000019565
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State: Gary S. Phillips, E	tered office address as shown on the records of the Sq. Name
4000 Hollywood Bl	vd., Suite 265 South
	Address
Hollywood, FL 3302 City, 6. The name and address of the new registered as	State and Zip
Gary S. Phillips, E. 1 1 4000 Hollywood Bly	sq. Vame vd., Suite 375 South
Hollywood	Tr.O. Box NOT acceptable)

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.

City, State and Zip

(Signature of a member or authorized representative of a member)

Bernardo Fort, Managing Member

(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.

(Signature of Registered Agent)