L03000021282

(Re	equestor's Name)	
(Ac	idress)	
· (Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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C. LEWIS

SEP 2 9 2010

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	T: 500 Irene Street, LLC Name of Limited Liability Company		
		ou =o, company	
Dear Sir or Madam:			
The enclosed Regist	ered Agent/Registered O	ffice Change and fee(s) are submitted for	filing.
Please return all corr	respondence concerning t	this matter to the following:	
	James C. Hartman		
	Name of Person		
1331 C	ountry Club Oaks Circ	le	
	Firm/Company		
	Address		
	Orlando, FL 32804 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	nyrotate and zip code		
iii	m@ichartman.com		
E-mail address: (to b	m@jchartman.com e used for future annual report no	otification)	
For further informat	ion concerning this matte	er, please call:	
Stepher	n R. Looney	at (407) 428-5128	
Name (of Person	Area Code & Daytime Telephone Nu	mber
STREET/CO	URIER ADDRESS:	MAILING ADDRESS:	
Registration S		Registration Section	
Division of Co		Division of Corporations P.O. Box 6327	
Clifton Buildi	ng ve Center Circle	Tallahassee, Florida 32314	
Tallahassee, F		Tananassee, Florida 32314	
Enclosed is a check for the following amount:			
\$25 Filing	Fee	\$55 Filing Fee & Certified Cop	ру

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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:	500 Irene Street, LLC
2. (a) Principal office address of limited liability company	<i>/</i> :
(Note: MUST BE STREET ADDRESS)	1331 County Club Oaks Circle Orlando, FL 32804
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	P.O. Box 540024 Orlando, FL 32854
06/09/2003	L03000021282
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on a	the records of the Florida Dept. of State:
Registered Agent:	James C. Hartman
Registered Office Address:	3905 El Rey Rd. Orlando, FL 32808
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	W Registered Office address: 75 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member James C. Hartman Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of my possible of the obligations of my possible of the production of t	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization