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Office Use Only



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COVER LETTER

| DOCUMENT NUME | ER: L0300 | . 2788 | 9 | | |
|---------------------------------------|----------------------------|------------------|------------------|--------------------|---|
| The enclosed Statemer | nt of Change of Registered | Office/Agent a | nd fee are submi | tted for filing. | |
| Please return all corres | pondence concerning this | matter to the fo | llowing: | | |
| | | , _ | | | |
| | Megiste | red Ag | ents of i | Torida LLC | |
| | (Name | of Contact Pers | on) | • | |
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| · · · · · · · · · · · · · · · · · · · | (Fi | rm/Company) | t de monte e | | 2 7 8 2 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 |
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| | 100 SE 2 | nd St | Ste : | 1900 | |
| | 100 56 2 | (Address) | | | · |
| | Miami | FL | 33131 | | - , |
| | (City/S | tate and Zip Co | de) | | |
| For further information | concerning this matter, pl | lease call: | | | |
| | | at (|) | ime Telephone Numi | |
| Name | of Contact Person) | (A | rea Code & Dayt | ime Telephone Num | per) |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. | - |
|--|--|
| 1. The name of the corporation: Limoch 19800 west Dixie LLC | - |
| 2. The principal office address: 363 octan Blud Golden Buk FL 33160 | <u> </u> |
| 3. The mailing address (if different): | |
| 4. Date of incorporation/qualification: 7 30 33 Document number: 1030000 1788 9 | |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| Janice Berney | |
| 14001 NW 45+ SE OR | |
| SUNTIN FL 33325 NO STATE | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agents of Florida LLC 25 25 | ָרָרְרָּרְיִרְיִרְיִרְיִרְיִרְיִרְיִרְיִרְיִרְיִ |
| 100 SE 2nd St Ste 2900 | _ |
| (P.O. Box NOT acceptable) | |
| Miami FL 33131 | |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. | |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the orporation has been notified in writing of the change. | |
| Ele Lysto Abor Light | |
| 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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | |
| January 9/20/04 (Signature of Registered Agent) | |
| If signing on behalf of an entity: | |
| (Typed or Printed Name) | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *