## L03000029176

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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November 10, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Darwin of Delray, LLC/dba Indigo Realty of the Palm Beaches L03000029176

Dear Sir/Madam;

Enclosed please find:

- 1. Statement Change of Registered Agent.
- 2. Articles of Correction
- 3. Articles of Amendment
- 4. Check for \$105.00

Upon completion of requested changes, please mail a certified copy of the amended Articles of Organization to me.

The enclosed check for \$105.00 covers the \$25.00 fee for all three (3) changes and \$30.00 for a certified copy.

If you should have any questions, please contact me at 561-715-0800. Thank you for your assistance.

Sincerely:

Elizabeth/B. Conway, MGRM

Indigo Realty of the Palm Beaches
PO Box 8198 Delray Beach PL 33482
561-715-0800

Indigo Realty Chellouthnet www. Indigo Realty-Polm Beach.com

## 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.

ير والمعاشق

1. The name of the limited	liability company is:	Darwin of Delray, LLC	
2. The mailing address of the			·
Delray Beach, FL 3348			
August 7, 2003		L03000029176	6
3. Date of filing/registration	in Florida	4. Document num	nber
Florida Department of Sta	d agent and the registrate: Robert N. Conway	ered office address as shown (	on the records of the
		Name	
	Delray Beach, FL 3	Address 33445 State and Zip	•
6. The name and address of	•		
•	Elizabeth B. Conway	<b>/</b>	
	1065 NW 1st Street	ame	* ',
	Florida street address	(P.O. Box NOT acceptable)	
E	Pelray Beach,	FL 33445	1.12 (1.12) 2.12 (1.12) 2.13 (1.12)
<del>-</del>	City, St	ate and Zip	<b>有影</b> —
confirmed that after the char and the business office of the liability company it is herek	nge or changes are ma e registered agent will by confirmed that the	nder the laws of the State of I de, the Florida street address be identical. Or, in the case change(s) was/were authorize s otherwise provided in the ar mpany.	of the registered office of a Florida limited The day of a firmative vote of
(Signature of a pember or authorize	representative of a member	7	
Elizabeth B. Conway, Mo	GRM		
(Printed or typed name of signee)			T. C 7
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if thi address, I hereby confirm the	ment as registered ag of all statutes relative accept the obligations s document is being fi hat the limited liability	ent and agree to act in this ca to the proper and complete p of my position as registered led to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Resistered Agent)	G Car	way .	
Division	of Corporations, P.C	). Box 6327, Tallahassee, FL	. 32314
INHS18(10/99)	FILIN	G FEE: \$25.00	