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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company submi agent, or both, in the Sta	ons of sections 608.416 its the following statement ate of Florida.	6 or 608.508, I ent in order to	Florida Statutes, i change its registe	he undersign red office or	ed limited registered
1. The name of the limi	-	404 Coconu	it isle LLC		
2. The mailing address	of the limited liability of	ompany is: 24	00 East Las Ola	s Blvd., "A"	
Fort Lauderdale, FL					
08/18/2003		1	_03000030614		
3. Date of filing/registra	tion in Florida	4.	Document numb	er	
5. The name of the regis Florida Department o	f State:		iress as shown on	the records of	f the
	Eck	o P. Silva			
	2400 East Li	Name as Olas Bivd. "	'A"		
		Address iale, FL 33301			
	•	, State and Zip			
6. The name and address	s of the new registered a	gent and/or offi	ce:		
	1	Benjamin E. O	live, P.A.		
	1500 North Federa	Name I Highway, Ste	. 250		
	Florida street addres	ss (P.O. Box NO	T acceptable)		
	Fort Lauderdale	FL 33304			
	City, S	State and Zip			
If the limited liability co- confirmed that after the and the business office of liability company, it is he the members of the limi- the operating agreement	change or changes are n of the registered agent w ereby confirmed that the ted liability company or	nade, the Florida fill be identical. e change(s) was as otherwise on	street address of Or, in the case of were authorized b	the registered a Florida lim ov an affirmat	l office ited ive vote of
(Signature of a member or anth-	orized representative of a memb	ex)			
Marisa B. Silva				\$ 7	Per Jan
(Printed or typed seems of signo	e) /				
I hereby accept the app comply with the provision and I am familiar with a Chapter 408, F.S. or I address I hereby confir (Signantic of Registered Agen)	1 \ \	ngent and agree to the proper ns of my position filed to merely i ty company has	to act in this capa and complete perf as registered ag reflect a change in been notified in w	city. I further formance of ment as provide the stagistere mining of this	agree to ny duties et for in et office change.
	ing of Corporations P	O Ray 6317 3	Tullahassaa ET T	9214	

FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

liability company subm agent, or both, in the St	its the following statem ate of Florida.	6 or 608.508, Florida Statutes sent in order to change its regi:	s, the undersigned limited stered office or registered
1. The name of the limi	ted liability company is	404 Coconut Isle LLC	
2. The mailing address	of the limited liability c	company is: 2400 East Las O	las Blvd., "A"
Fort Lauderdale, FL			·
08/18/2003		L03000030614	
3. Date of filing/registr	ation in Florida	4. Document num	nber
5. The name of the regis Florida Department of	of State:	istered office address as shown of	on the records of the
		Name as Olas Blvd. "A"	
		Address rdale, FL 33301	
	City	y, State and Zip	i
6. The name and addres	s of the new registered	agent and/or office:	
	The Law Office of	Benjamin E. Olive, P.A.	
	1500 North Feden	Name al Highway, Ste. 250	
	Florida street addre	as (P.O. Box NOT acceptable)	Hank St. III
	Fort Lauderdale	FL 33304	
	City,	State and Zip	
confirmed that after the and the business office liability company, it is h	change or changes are a of the registered agent valereby confirmed that the ted liability company or	i under the laws of the State of I made, the Florida street address will be identical. Or, in the case he change(s) was/were authorize or as otherwise provided in the ar company.	of the registered office of a Florida limited d by an affirmative yote of
(Signature of a mounter or suth	orized representative of a menu	ber)	
Marisa B. Silva			
(Printed or typod name of signs			
I hereby accept the application of the country with the provise and I am familiar with a Chapter 648, F.S. Or finadares. Thereby confirmation of Kontocon Accept	$\sim \chi$ \sim	agent and agree to act in this ca ve to the proper and complete p ins of my position as registered in I filed to merely reflect a change lity company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
71	•	P.O. Box 6327, Tallahassee, FL	. 32314
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