## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC REGISTERED AGENT CHANGE OLYMPIAN CAPITAL MANAGEMENT, LLC

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J. BRYAN

OCT 28 2011

## Fax audie # H110002571723 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 None Cale Contact Habitter commence Olympian Car	nital Management LLC
1. Name of the limited liability company: Olympian Car	Man Management, LLC
2. (a) Principal office address of limited liability compa	oital Management, LLC
(Note: MUST BE STREET ADDRESS)	Ft. Lauderdale, Florida 33301
(b) Mailing address of limited liability company:	One East Broward Blvd., Suite 700
(Note: MAY BE POST OFFICE BOX)	Ft. Lauderdale, Florida 33301
9/16/2003	L03000035134
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of Registered Agent:	LEVAS, MICHAEL J 2740 NE 35TH STREET
Registered Office Address:	FT. LAUDERDALE FL 33306
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	C T Corporation System
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road,
(MUST BE PEUMDA STREET ADBRESS)	Plantation ,FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of the presented of the limited liability company.	e Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote herwise provided in the articles of organization

Signature of a member or authorized representative of a member

Michael J. Levas

Printed or typed name of signce

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

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

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