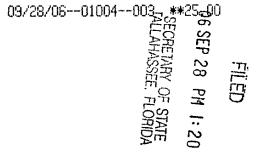
1030000 35611

(Requ	estor's Name)	
(Addre	ess)	_
(Addre	ess)	
(City/S	itate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
	Li	·
; (Busin	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
·	_	
		,
·		9,29
		1,18
	Office Use On	¹ (



900080061419



COVER LETTER

•	· === == · · · · === ·	
TO: Registration Section Division of Corporations		•
SUBJECT: PACM Reach 6. (Name of Lin	REACTY SACOS LCC nited Liability Company)	
Dear Sir or Madam:		·
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
	•	
(Name of Person)	Δ	
PACM BEACH REACTION (Firm/Company)	ay Spuescic.	
6053 MIRAMA	r plany	
MIRAMMA PL (City/State and Zip Code)	SECRETARY FALLAHASSEE	, ,
For further information concerning this matter	of STATE 20	
JOE KURUULA	at (<u>454)</u> <u>983-3497</u> (Area Code & Daytime Telephone Num	1 \
(Name of Person)	(Area Code & Daytime Telephone Num	.ber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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. The name of the limited liability company is: PACH BEACH REACTY SACES LLG
2. The mailing address of the limited liability company is: 6053 MIRAMAL.
DALLCWOY, MIRAMAN PL 33D23
L0300000 35611
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Florida Department of State:
538 N. E. 6 AUE # 26 B Address
City, State and Zip
6. The name and address of the new registered agent and/or office:
HOMELAND REACTY OF SOUTH PLETON INC Name BOS.3 MIRAMAR DARKWOY Florida street address (P.O. Box NOT acceptable) WIRAMAR FL 33083 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized tepresentative of a member)
(Printed or typed name of signee)
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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)