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(Re	equestor's Name)	
and the second se	26 Colse - coper C. Jox 50515 gathouse Point - F	
(Ci	ty/State/Zip/Phone	<i>#</i>)
PICK-UP		MAIL
(Bi	usiness Entity Nan	ne)
(Dc	ocument Number)	
ertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
103-35	\$833	· <u>.</u>
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08/18/05--01016--004 **25.00



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: Gold Coast Properties, LLC

2. The mailing address of the limited liability company is : P.O. Box 50515

Lighthouse Point, FL 33074

9/22/03

L03000035833

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:

-	Maria T. Ellis	
	Name	• • •
	650 NW 39 Street	
	Address	·
	Fort Lauderdale, FL 33309	TAS ST -
	City, State and Zip	FE
6. The name and address	of the new registered agent and/or office:	AHAG 18
	Maria T. Ellis	
	Name 2631 NE 10 Avenue	TEU B
	Florida street address (P.O. Box NOT acceptable)	RIDE
	Pompano Beach, FL FL 33064	. The second sec
	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 representative of a member)

Maria T. Ellis

(Printed or typed name of signee)

I hereby accept the appo	intment as regist	ered agent and a	gree to act in	this capacity	v. I furth	er agree to
comply with the provision	ns of all statutes j	relative to the pro	iper and com	plete përforn	nance of	my duties,
and I am familiar with a	nd accept the opli	gations of my po	suion as regi	sierea ageni	as provid	aeg jor in
and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	this accument is	geing filea to me	rely reflect a	change in in	e regisie	rea office
address, I nereby confirm	i that the limited	llability company	, nas been no	ujiea in wru	ing oj ini	s change.
	\mathcal{V}	_		-		-
(Signature of Registered Agent)	<u> </u>	······	. -			

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

FILING FEE: \$25.00