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SECRETARY OF STATE TALLAHASSEE. FLORIDA

W3/51943

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	d liability company is:	6520 Glenridge LLC		
2. The mailing address of	the limited liability co	ompany is : 314 Clematis St	reet, Suite 201	
West Palm Beach, FL				
12/04/2003		L0300005194	3	
3. Date of filing/registration	tion in Florida 4. Document nu		mber	
5. The name of the register Florida Department of S	red agent and the registate: KANJIAN, ROBER	stered office address as shown	on the records of the	e
	301 CLEMATIS ST	Name TREET STE 203	•	
	WEST PALM BEA	Address CH FL 33401 , State and Zip	2004 DEC 27 SECRETAR' TALLAHASS	sactură
6. The name and address of the new registered agent and/or office:		EC 2 HAS		
	ROBERT J. KANJI	AN	<u>⊡</u> ~	m
	314 CLEMATIS ST	Name REET, SUITE 201	AM 11: 08 OF STATE E.FLORIDA	O
-	Florida street addres	s (P.O. Box NOT acceptable)	10 ¹ 00	
	WEST PALM BEAC	CH _{FL} 33401	_	
•	City, S	State and Zip	•	
If the limited liability com	pany is not organized	under the laws of the State of I	Florida, it is hereby	

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) Robert J. Kanjian	
(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, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)