## 1030xxx52171

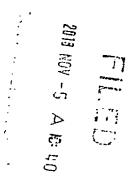
(Re	questor's Name)					
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## COVER LETTER

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INHS18 (2/14)

TO:		ation Section n of Corporations					
SUBJ	ECT:	Varsity Square, LLC					
		Name	of Limited	Liability Company			
Dear S	Sir or Ma	dam:					
The e	nclosed R	egistered Agent/Registered Offic	e Change ar	nd fee(s) are submitted for filing.			
Please	e return al	Il correspondence concerning this	matter to th	ne following:			
Mara	a Porras						
		Name of Person		<del></del>			
c/o C	Ciminelli	Real Estate Services of FL					
		Firm/Company		<del></del>			
2901	W. Cy	press Creek Road, Suite 10	4				
		Address	<del></del>	<del></del>			
Ft. L	auderda	ale, FL 33309					
		City/State and Zip Code		<del></del>			
mpo	rras@c	iminelli.com					
	E-mail a	ddress: (to be used for future ann	ual report ne	otification)			
For fi	urther inf	formation concerning this matter,	please call:				
Mara	a Porras	<b>S</b>	954	900-5436 ext. 4585			
		Name of Person	_ =, \	Area Code & Daytime Telephone Number			
	STRE	ET/COURIER ADDRESS:		MAILING ADDRESS:			
		tration Section		Registration Section			
		on of Corporations		Division of Corporations			
		n Building		P.O. Box 6327			
		Executive Center Circle		Tallahassee, Florida 32314			
	lallat	nassee, Florida 32301					
	Enclosed is a check for the following amount:						
	<b>2</b> \$2	5 Filing Fee	-	1 \$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 605.0114 or 605.0116, 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. N	ame of the limited liability company: Varsity Squar	re, LLC 					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2901 W. Cypress Creek Road, Suite 104		(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  2901 W. Cypress Creek Road, Suite 10-				
	Ft. Lauderdale, FL 33309	F	t. Lauderdale, FL 3	33309			
	12/12/2003	LC	3000052171				
3. 5. (a	Date of filing/registration in Florida  Bob Argenti, RPA	<b>-</b> 4. <b>-</b>	Document nu	ımber	-	_	
J. (4	Registered Agent and Registered Office shown on the records o c/o Florida Trust Reality, Inc.	f the Florida D	ept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET) 12488 W. Atlantic Blvd.	ADDRESS					
	Coral Springs	33071			2018	mort M	
(b)	Mara Porras  Enter name of NEW Registered Agent and/or NEW Registered  c/o Ciminelli Real Estate Services of FL	<del></del>	:	110V -5 A	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	NEW Registered Office Address:			:	75	~,2	
	2901 W. Cypress Creek Road, Suite 104				1,0		
	Ft. Lauderdale , I	<sub>FL</sub> 33309					
the clagent was/v	limited liability company is not organized under the hange or changes are made, the Storida street address will be identical. Oh, in the case of a Florida limited were authorized by an affirmative vote of the member rticles of organization or the operating agreement of the	of the regist liability con s of the limit he limited lia	ered office and the bus apany, it is hereby con ed liability company o	siness offi firmed the	ce of the re at the chan	gisterec ge(s)	
_	nature of a member or authorized representative of a member	<del></del>	Printed or typ		•		
I her provi the o to me notif	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bigations of my position as registered agent as provicely reflect of change in the registered office address, and in writing of this change.	agree to act ele performa ided for in C I hereby co	in this capacity. I furt nce of my duties, and i hapter 605, F.S. Or, i nfirm that the limited I	her agree f am famil f this docu liability co	to comply liar with an iment is bei impany has	with the d accep ing filed : been	
Sideri	sture of Registered Agent						