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EXAMINER



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COVER LETTER

Division of Corporations		
SUBJECT:	AWF IV, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the following:	
Jeffrey L. Baxter, Esq		
Name of Person		
Baxter Touby, LLP		
Firm/Company		
95 Merrick Way, Suite 2	10	
Address		
Coral Gables, Florida 33	134	
City/State and Zip Code	 	
JBaxter@BaxterTouby.c	com	
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this m	natter, please call:	
	, r	
Jeffrey L. Baxter, Esq.	at (305) 447-9603	
Name of Person	Area Code & Daytime Telephone Number	
,		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	· · · · · · · · · · · · · · · · · · ·	
Enclosed is a check for the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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.

agent, or both, in the blate of Florida.	
1. Name of the limited liability company:	AWF IV, LLC
2. (a) Principal office address of limited liability comp	any:
(Note: MUST BE STREET ADDRESS)	95 Merrick Way, Suite 360 Coral Gables, Florida 33134
(b) Mailing address of limited liability company:	95 Merrick Way, Suite 360
(Note: MAY BE POST OFFICE BOX)	Coral Gables, Florida 33134
01/23/2004	L0400006014
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Baxter & Elias, LLP
Registered Office Address:	15500 New Barn Road, Suite 104 Miami Lakes, Florida 33014
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jeffrey L. Baxter 95 Merrick Way, Suite 210
	Coral Gables 5 , 133134
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of a member or authorized epresentative of a member. Thomas D. Wood	the Florida street address of the registered office dentical. Or, in the case of a Florida limited se(s) was/were authorized by an affirmative vote therwise provided in the articles of organization
Printed or typed name of signee	
I hereby accept the appointment as registered agent ar comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

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