L040000100

	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
	WAIT MAIL		
	(Business Entity Name)		
	(Dusiness Linkly Ivallie)		
	•		
	(Document Number)		
Certified Copies	Certificates of Status		
Special Instructions	to Filina Officer:		
AUG 02 2012 L. SELLERS			

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp				
	MATNED	NEO IDE	UTIAL DEALT	
SUBJECT:			NTIAL REALT	YLLC
	Name of I	Limited Li	ability Company	
Dear Sir or Madam:				
The enclosed Registered	d Agent/Registered (Office Cha	ange and fee(s) are	submitted for filing.
Please return all corresp	ondence concerning	this matte	er to the following	:
JER	EMY OLSHER			
	ame of Person			
	IDENTIAL REALT	YLLC	 	
F	irm/Company			
2435 SW 22	ND AVENUE APT	#101		
	Address		 ,	
DEL RAV	BEACH, FL, 3344	5		
	State and Zip Code			
IEDEMVO	I SHEDWOMAIL O	·OM		
E-mail address: (to be us	LSHER@GMAIL.C	notification)		
For further information	concerning this matt	ter, please	call:	
JEREMY (DLSHER	at (5	61)	400-3737
Name of Pe		_ 41 (ime Telephone Number
	IER ADDRESS:		MAILING ADDR	
Registration Section			Registration Section Division of Corpora	
Division of Corpo Clifton Building	rations		P.O. Box 6327	ations
2661 Executive C	enter Circle		Tallahassee, Florid	a 32314
Tallahassee, Flori				
Enclosed is a cl	neck for the followin	ng amoun	t:	
\$25 Filing Fe	e		\$55 Filing Fee &	Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

V

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. Name of the limited liability company:	IIZNER RESIDENTIAL REALTY LLC
2. (a) Principal office address of limited liability c	company: 2435 SW 22ND AVENUE
(Note: MUST BE STREET ADDRESS)	APT #101 DELRAY BEACH, FL, 33445
(b) Mailing address of limited liability company	y: <u>2435 SW 22ND AVENUE</u>
(Note: MAY BE POST OFFICE BOX)	APT #101 DELRAY BEACH, FL, 33445
2/25/2004	L04000015206
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept. of State:
Registered Agent:	DAX OLSHER
Registered Office Address:	2435 SW 22ND AVENUE APT #101
	DELRAY BEACH, FL, 33445
(b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	/or NEW Registered Office address: 2435 SW 22ND AVENUE APT #101
MUST BE FLORIDA STREET ADDRES	
Signature of a member or authorized representative of a member JEREMY OLSHER Printed or typed name of signee	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany. ARE TO
Signature of Registered Agent	_