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SECRETARY OF STATE
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## **COVER LETTER**

Division of Corporations		
SUBJECT: INDEPENDENCE REALTY A (Name of Lin	AND INVESTMENTS, LLC mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
ALAIN WICHNER		
(Name of Person)		
INDEPENDENCE REALTY AND INVES	STMENTS, LLC	
6440 LAKE BURDEN VIEW DRIVE		
(Address)		
WINDERMERE, FL 34786		
(City/State and Zip Code)		
For further information concerning this matter,	, please call:	
ALAIN WICHNER	at (407 ) 909-1588	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
<b> ✓</b> \$25 Filing Fee	\$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 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	3: INDEPENDENCE REALTY AND INVESTMENT	MENTS, LLC	
2. The mailing address of the limited liability c	company is : 6440 LAKE BURDEN VIEV	W DRIVE	
WINDERMERE, FL 34786			
3-25-04	L04000023537		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered Department of State:	istered office address as shown on the	records of th	ie
ALAIN WICHNER			
	Name	O6 SE	
3717 SPEAR POINT DRIVE		<u> </u>	
Address AR Q		e ti	
Address ORLANDO, FLORIDA 32837 City State and Zip		2( AS	Luten
City	, State and Zip	353 747	· ruig
6. The name and address of the new registered a	agent and/or office:	120 PM 4: 42 TARY OF STATE ASSEE FLORID	
ALAIN WICHNER			k <u>ima</u> m'i
	Name	25 K	
6440 LAKE BURDEN	N VIEW DRIVE		
Florida street addres	ss (P.O. Box NOT acceptable)		
WINDERMERE	FL 34786	_	
City,	State and Zip		
If the limited liability company is not organized confirmed that after the change or changes are r and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability (Signature as member or authorized representative of a member of	made, the Florida street address of the vill be identical. Or, in the case of a Flate change(s) was/were authorized by any or as otherwise provided in the article ty company	registered of lorida limited n affirmative	ffice d vote
ALAIN WICHNER (Printed or typed name of signee)	<del></del>		
(Francea of typed name of signee)			

(Signature of Registered Agent)

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 508, 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.