## L0400031512

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SECRETARY OF STATEMS STVISION OF CORPORATIONS 07 OCT 22 PM 2: 02

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: ANTILLES VERO BEACH, (Name of	, LLC Limited Liability (	Company)	·
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for	filing.
Please return all correspondence concerning	g this matter to the	following:	
Gregg H. Glickstein, Esquire  (Name of Person)			DIVIS
Gregg H. Glickstein, P.A. (Firm/Company)			07.0CT 22. PM 2: 02
54 S.W. Boca Raton Boulevard			1 2: (
(Address)			72
Boca Raton, FL 33432			
(City/State and Zip Code)			
For further information concerning this mat	iter, please call:		
Gregg H. Glickstein, Esquire	at (_561)	361-9600	
(Name of Person)	(Ar	ea Code & Daytime Tele	phone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314	
Enclosed is a check for the following	ing 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.

2. The mailing address of the limited lia	ability company is : C/O IRONWOOD PROP	PERTIES,
277 SE 5TH AVENUE, DELRAY BEACH F	FL 33483	,
04/23/2004	L04000031512	
3. Date of filing/registration in Florida	4. Document number	*
5. The name of the registered agent and Florida Department of State:	the registered office address as shown on the	he records of the
	RCIA H ESQ, GREENBERG TRAURIG, P.A.	
	Name	
5100 TOWN	CENTER CIRCLE STE. 400	0 Pr
	Address	T O
BOCA RATO	N, FL 33486 US	의 됐_
<del></del>	City, State and Zip	OT OCT 22
6. The name and address of the new reg	istered agent and/or office:	PM. 2: 02
Gregg H. Gli	Gregg H. Glickstein, P.A.	
	Name	TIONS 102
54 S.W. Boca	a Raton Boulevard	1 · · · · · · ·
Florida stree	et address (P.O. Box NOT acceptable)	
Boca Raton,	FL 33432	
	City, State and Zip	

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)

Gregg H. Glickstein, President, Gregg H. Glickstein, P.A.

(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 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 Sistered Agent)

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