L04000031883

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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(Bu	isiness Entity Nar	ne)				
(Do	ocument Number)					
Certified Copies	Certificates	s of Status				
Solution Copies						
Special Instructions to	Filing Officer:					
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2009 HAY -8 PH 12: 57

M. THOWAS

MAY 11 2009

EXAMINE FR

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	SUBJECT: Majestic Residences I LLC Name of Limited Liability Company						
Dear	Sir or Madam:						
The e	enclosed Registered Agent/Registered	Office Ch	ange	and fe	e(s) are	submitted	l for filing
			_				i ioi iiiiig.
Pleas	e return all correspondence concerning	g unis mai	ter to	ine 10	nowing:		
	Scott W Leeds						
	Name of Person	<u> </u>					
	Majestic Residences I LL	C					
	Firm/Company						
<u> </u>	2541 SW 27 Avenue						2019 HAY
	Miami, Florida 33133 City/State and Zip Code			···········			2019 HAY -8 PM 12: 57 SECRETARY OF STATE TALLAHASSEE, FLORIT
E	Swleeds@aol.com E-mail address: (to be used for future annual report	notification)				2: 57 20816A
For fi	urther information concerning this made	tter, pleas	e call	:			
	Scott W Leeds Name of Person	at (305) Area Co	de & Davt	962-123	······································
	STREET/COURIER ADDRESS: Registration Section						
	Division of Corporations	Division of Corporations					
	Clifton Building	P.O. Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301		Tal	lahasse	e, Florida	a 32314	
	Enclosed is a check for the following	ing amou	nt:				
	\$25 Filing Fee	ſ	\ \$5	5 Filir	ng Fee &	c Certified	і Сору

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. Name of the limited liability company:	Majestic Residences I LLC				
2. (a) Principal office address of limited liability compan	2541 SW 27 Avenue				
(Note: MUST BE STREET ADDRESS)	Miami, Florida 33133				
(b) Mailing address of limited liability company:	2541 SW 27 Avenue				
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33133				
04/27/04	L04000031883				
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:	Scott W Leeds				
Registered Office Address:	2400 S. Dixie Highway: #100 Miami, Florida 33133				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	W Registered Office address:				
 •	短 の				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2541 SW 27 Avenue				
incor by I box birding in box by	Miami ,FL 33133				
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					
Scott W. LEEDS Printed or typed name of signee	<u> </u>				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of and I am familiar with and accept the obligations of my processes of the companies of the provision of the p	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.				

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