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**LLC REGISTERED AGENT CHANGE
100 EVERGLADES, LLC**

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B. BOSTICK

NOV 20 2013

EXAMINER

NOV-19-2013 13:03

CAI MANAGERS

212 319 0232 P.002

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: 100 Everglades, LLC
2. (a) Principal office address of limited liability company: 100 EVERGLADE AVENUE PALM BEACH, FL 33480.
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 100 EVERGLADE AVENUE PALM BEACH, FL 33480.
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 4/29/2004
4. Document number: 10400002628
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:	<u>BOB AGENT CO.</u>
Registered Office Address:	<u>5355 TOWN CENTER ROAD STE 800</u> <u>BOCA RATON, FL 33488</u>
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

<u>NEW</u> Registered Agent:	<u>OT Corporation System</u>
<u>NEW</u> Registered Office Address:	<u>1200 South Pine Island Road</u>
(<u>MUST BE FLORIDA STREET ADDRESS</u>)	<u>Plantation FL 33324</u>

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 authorized representative of a member

L. B. DAVIES

Printed or typed name of 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 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.

By: C. J. Corporation System
Signature of Registered Agent

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

DNH:jls (05/08)