

LD4000035053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

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(Business Entity Name)

(Document Number)

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APR 14 2009

**EXAMINER**

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04/10/09--01009--018 \*\*25.00

FILED  
09 APR 13 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



## ***Island City Lofts***

401 East Las Olas Blvd #130-250

Fort Lauderdale Florida 33301

Phone 954 448-2122 Fax 954 564-0649

4/08/09

Please make these changes

Thank you

JR JOUEY  
MANAGING DIRECTOR  
ICL LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLAND CITY LOFTS LLC  
(Name of 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 this matter to the following:

JOHN R JOLLEY  
(Name of Person)

ISLAND CITY LOFTS LLC  
(Firm/Company)

401 E LAS OLAS BLV #130-250  
(Address)

FORT LAUDERDALE FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN ROBERT JOLLEY at ( 954 ) 448-2122  
(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:**

☒ \$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. Name of the limited liability company: ISLAND CITY LOFTS LLC
2. (a) Principal office address of limited liability company: 2301 WILTON DRIVE  
MANAGER OFFICE  
WILTON MANORS FL  
33305
- (b) Mailing address of limited liability company: 401 EAST LAS OLAS BLVD  
SUITE 130-250  
FORT LAUDERDALE FL 33301
- (Note: **MUST BE STREET ADDRESS**)
- (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 05/07/2004
4. Document number: L04000035053

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NAMASO SAAVENA

Registered Office Address: 312 SE 17 ST  
SECOND FLOOR  
FORT LAUDERDALE FL 33334

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** JOHN ROBERT JOLEY

**NEW Registered Office Address:** 2301 WILTON DRIVE  
MANAGER OFFICE  
WILTON MANORS, FL 33305

**(MUST BE FLORIDA STREET ADDRESS)**

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)

JOHN R JOLEY  
(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 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.*

(Signature of Registered Agent)

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

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SECRETARY OF STATE