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PICK-UP	MAIT WAIT	MAIL				
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Certified Copies	Certificate	s of Status				
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C. LEWIS

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EXAMINER

COVER LETTER

*TO: Registration Section Division of Corpo					•	, ,
SUBJECT:	Sentry Prop		s of Sout		LLC	
•	. Name of L	. IIIIII CU	Liability	Jonipany	•	
Dear Sir or Madam:			,			
The enclosed Registered	Agent/Registered C	office C	Change and	fee(s) are su	ibmitted for	filing.
Please return all correspon	ndence concerning	this ma	atter to the	following:		
Carida	ad Rodriguez					. ,
	e of Person		,			
	s of South Florida /Company	a, LLC				
	. 129 Court, Unit	5				
	ni, FL 33186 e and Zip Code					
E-mail address: (to be used	93@gmail.com or future annual report n	otificatio	n)	•		
For further information co	ncerning this matte	er, plea	se call:			٠
Caridad Rod	riguez	_ at (786_)_		573-1872	
Name of Perso	n		Area	Code & Daytime	e Telephone Nun	iber
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, Florida	tions ter Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a chec	ck for the followin	g amo	unt:			
\$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: Sentry Properties of South Florida, LLC 12181 SW 131 Avenue 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u> Miami, FL 33186</u> 12181 SW 131 Avenue (b) Mailing address of limited liability company: Miami, FL 33186 (Note: MAY BE POST OFFICE BOX) 6/14/2004 L04000044825 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: Caridad Rodriguez 12181 SW 131 Avenue Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: 12011 SW 129 Court (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. Caridad Rodriguez 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.

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

Signature of Registered Agent