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Special Instructions to Filing Officer	:
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DIVISION OF CORPORATIONS

COVER LETTER	
TO: Registration Section Division of Corporations	
SUBJECT: De han Building Investors 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:	
Steven 6 Vitale Esq. (Name of Person) Steven 6. Vitale P.A. (Firm/Company) 50 SE Ocean Blvd. Unit #202 (Address) Stvat FC 34994 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Steven G. Vitale at M. 781-1999	
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 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 \$\sum \$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. The name of the limited liability company is: Dehon Building Investors UC
1. The name of the limited liability company is: Dellon Building Linveylor) CCC
2. The mailing address of the limited liability company is: 50 SE OCEAN Blvd., Unit
#202 Stuart HL 34994
7/14/04 34200884 L04000US
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
V/1915 SIEVEN O- Name N/
13 Knowles Rd
Name Name Name Nowles Rd Stuat FL 34996 Stuat FL 34996
City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: Vitale Steven 6.
50 SE OCEAN Blud, Unit # 202
Florida/street address (P.O. Box NOT acceptable)
Stva/+ FL 34994
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 thember or authorized representative of a member)
Steve G. Vitale
(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, of 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 Keyistered Agent)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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