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SECRETARY OF STATE
TALLAHASSEE, FI

COVER LETTER

FO: Registration Section Division of Corporations					
G4 PROPERTIES, LLC SUBJECT:					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Damaso W. Saavedra					
Name of Person					
Saavedra-Goodwin					
Firm/Company					
888 S.E 3rd Avenue, Suite 500					
Address					
Fort Lauderdale, Florida 33316					
City/State and Zip Code					
dpazo@saavlaw.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
Deanna Pazo	954 767-6333 at ()				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following a	mount:				
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FG LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company: G4 PROPERTIE	S, LLC		
2. (a)			(b)	
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1082 N.E. 45TH STREET		1082 N.E	. 45TH STREET
	FORT LAUDERDALE, FL 33334		FORT L	AUDERDALE, FL 33334
	07/16/2004		L0400005	2856
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	SAAVEDRA, DAMASO W			
()	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept, of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>'SS)</u>	_
	312 S.E. 17TH STREET SECOND FLOOR			\$ \cdot
	Fort Lauderdale , FI	33316		ECRETANO 27
			_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 ()FE		\circ , . ,
	AND WEGISTERED Agent and/or MEN Registered	3 Office 3	address:	Sign R III
	SAAVEDRA, DAMASO W, ESQ.			SCIENT 2:
	NEW Registered Office Address:			- 57
	888 S.E 3rd Avenue, Suite 500			
	Fort Lauderdale	33316		_
nange igent v was/w	imited liability/company is not organized under the law or changes are made, the Florida street address of the village identical. Or, in the case of a Florida limited liabel and the case of the members of the members of the organization or the operating agreement of the	ws of the registe	red office ar company, it i mited liabili	id the business office of the registered is hereby confirmed that the change(s)
ne um	classic organization of the operating agreement of the		maso W. Saa	•
Signat	tureor a member or authorized representative of a member	-		Printed or typed name of signce
	by accept the appointment as registered agent and agree on so fall statutes relative to the proper and complete gations of the provider of the proper and complete gations of the provider of the provider of the change in the registered office address, I have a support of this change.	ee to ac perform d for in hereby c	ct in this cap nance of my Chapter 60, confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
o ignatui	re of Registered Agent			