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SECRETARY OF STATE
ALLAMASSEE, FLORING

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Apollo Beach Townhomes, LLC Name of Limited Liability Company		
name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.	
Please return all correspondence concer-	ning this matter to the following:	
Melissa Byrne		
Name of Person		
Townhomes In <u>Tampa</u> ,	LLC	
Firm/Company		
3605 Bay Heights W	av	
Address	<u> </u>	
Tampa, FL 33611		
City/State and Zip Code		
·		
mbvrne@townhomesintan	npa.com	
mbyrne@townhomesintampa.com E-mail address: (to be used for future annual report notification)		
For further information concerning this	matter, please call:	
Melissa Byrne	at (<u>813</u>) <u>902-0598</u>	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the foll	owing 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.

-	
Name of the limited liability company:	pollo Beach Townhomes, LLC
2. (a) Principal office address of limited liability comp	any: 3605 Bay Heights Way
(Note: MUST BE STREET ADDRESS)	Tampa, FL 33611
(b) Mailing address of limited liability company:	PO Box 13882
(Note: MAY BE POST OFFICE BOX)	Tampa, FL 33681
7/22/2004	204000054537
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:	Melissa Byrne
Registered Office Address:	4515 Legacy Park Drivery 75
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address 7
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3605 Bay Heights Way Tampa ,FL33611
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id iability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Muss Dyman Signature of a member or authorized representative of a member	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization
Melissa Byrne Printed or typed name of signee	
I hereby accept the appointment as registered agent an somply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any 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