	TALLA	í,
(Pequestor's Name)	17	
Mrs. Leslie Husain 1059 Great Passage Blvd Great Falls, VA 22066-1643		
(Address)	İ	
(Address)	İ	
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL	İ	
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BECRETARY OF STATE



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

liability company submits agent, or both, in the State	ns of sections 608.416 or 608 the following statement in or e of Florida.	rder to change its registered	undersigned limited l office of registered		
1. The name of the limited	d liability company is: GF P	Partners Sea Oats 3, LLC	7507		
2. The mailing address of	the limited liability company	is: 1059 Great Passage	Blvd, 105 JUL 13 P 2: 0		
Great Falls, VA 22066			SECRETARY OF STATH		
08/13/2004		L04000060402	TONID		
3. Date of filing/registration	on in Florida	4. Document number			
5. The name of the register Florida Department of S	red agent and the registered of State: Najaf Husain	ffice address as shown on the	records of the		
	Name 1059 Great Passage Blvd		•		
	Addres				
	Great Falls, VA 22066				
	City, State ar	•			
6. The name and address of the new registered agent and/or office:					
	Najaf Husain/				
	220 lucerne ave, #5b	-	-		
-	Florida street address (P.O. l	Box NOT acceptable)			
	Lake Worth, FL 3	33460			
•	City, State and	d 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 member or authorize	zed representative of a member)				
NATAF HUATA (Printed or typed name of signee))				
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address Thereby confirm	ntment as registered agent and so of all statutes relative to the date of my his document is being filed to that the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the limited liability company in the limited liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company is the liability company in the liability company in the liability company is the liability company in the li	d agree to act in this capacit proper and complete perfort position as registered agent merely reflect a change in th any has been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.		
(Signature of Registered Agent)	, , , , , , , , , , , , , , , , , , , ,	• •			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

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