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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 limite	d liability compar	ny is: Palm Pro	oerties Florida, L	LC		
2. The mailing address of	f the limited liabil	ity company is:	7061 Grand Nati	onal Drive,		
Suite 124, Orlando, Flo	orida 32819					·
09/29/2004			L04000070652			
3. Date of filing/registration in Florida			4. Document nun	nber		
5. The name of the registe	ered agent and the	registered office a	address as shown o	on the records	of the	
Florida Department of	State: Paul J. Svejda	l		÷	3	
	7061 Grand N	Name ational Drive, Su	ite 124			* <u>\$</u> =
	Orlando, Florid				7 83	
		City, State and Zi	p	, ,- ;*	**	-
6. The name and address of the new registered agent and/or office:				531	÷	
	Name 7061 Grand National Drive, Suite 124					
	Florida street a					
	Orlando	FL 32819	9			
		City, State and Zip	•			
If the limited liability come confirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the operating agreement of the company and a member of signee of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	hange or changes the registered age reby confirmed the d liability compar of the limited liability ized representative of a	are made, the Florent will be identicated the change(s) was otherwise ility company.	ida street address al. Or, in the case ras/were authorized provided in the ar County State	of the register of a Florida I: d by an affirm ticles of organicles of organicles of the control	red offi imited native v nization	vote of
(Signature of Registered Agent)		 	•			

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

FILING FEE: \$25.00

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