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SECRETARY OF STATE (Requestor's Name) (Address) 800066475178 (Address) (City/State/Zip/Phone #) PICK-UP MAIL WAIT (Business Entity Name) P2/24/06--01047--063 **55.00 (Document Number) Certificates of Status Certified Copies __ Special Instructions to Filing Officer:

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COVER LETTER

то:	Registration Section Division of Corporations	FILED	
SUBJ	ECT: <u>DiBari Real Esta</u> (Name of Lim	TOTAL FEB 24 A 10: 51 TOTAL PL DRASECRIA TYPOLAS THE ALTY Inited Liability Company) AHASSEE, FLORIDA	FLORIDA
Dear S	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:			
R	(Name of Person)		
MA	TRIX REALTY FLORIA (Firm/Company)	·A	
10:	308 LAUREL ROAK (Address)	_ _	
DAV	(City/State and Zip Code)		
For further information concerning this matter, please call:			
BRE	(Name of Person)	t (305) 807 1350 (Area Code & Daytime Telephone Number)	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle 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	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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 indeprint 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: Di Bari REAL ESTATE ALDERA 2. The mailing address of the limited liability company is: 10308 LANGE L04000071859 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: BRENDA DI BARI Address City, State and Zip 6. The name and address of the new registered agent and/or office: KRENDA DI BARK 0308 LAUREL ROAD Florida street address (P.O. Box NOT acceptable) 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 authorized representative of a member) KRENDA DI BARI (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, if 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 Registered Agent)

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00