L04000073362

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ĉit	y/State/Zip/Phon	e #/)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	M	
1/	Office Use On	iv



200059390692

05 SEP 14 PM 1: 07

05 SEP 14 MM 10: 58



ACCOUNT NO. : 072100000032

REFERENCE : 594287

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: September 13, 2005

ORDER TIME : 9:53 AM

ORDER NO. : 594287-030

CUSTOMER NO: 7457005

CUSTOMER: Mr. Vernon Strickland Mr. Vernon Strickland

1007 North Federal Highway

#134

Fort Lauderdale, FL 33304

CHANGE OF AGENT

NAME: JOANDALE INVESTMENTS III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY __ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER:

¥

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 limit	ted liability company is:	JOANDALE INVES	TMENTS III, LLC	
2. The mailing address of the first of the mailing address of the first of the firs	of the limited liability con	pany is:	HGI FTL FL	
10/11/04		L040	00073362	
3. Date of filing/registra	tion in Florida	4. Doc	ument number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
	VERNOX	STRICKLAND		
	•	Name		
		DERAL HWY #134 Address		
FORT LAUDERDALE, FL 33304				
	City, S	tate and Zip		
6. The name and address of the new registered agent and/or office:				
	Corporation	Service Company	· · · · · · · · · · · · · · · · · · ·	
	N	ame		
1201 Hays Street				
•	Florida street address	(P.O. Box NOT acc	ceptable)	
	Tallahasses	FL 3230	1	
	City, Str	ate and 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 authorized representative of a member) (Printed or typed name of signes) [Printed or typed name of signes]				
and I am familiar with a chapter 608, F.S. Or, if address, I hereby confirm	hla -		t in this capacity. I further agree to omplete performance of my duties, egistered agent as provided for in tachange in the registered office notified in writing of this change.	
(Signature of Registered Agent) Divisi	as its on of Corporations, P.O	•	nassee, FL 32314	
INH818(10/99)	FILING	FEE: \$25.00		