10400074708

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(0.5,00.000,000,000,000,000,000,000,000,0					
PICK-UP WAIT MAIL					
_					
(Dusiness Estitudess)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



700061585167

12/02/05--01047--007 **35.00

2005 DEC -2 AM 10: 33
SECRETARY DESTATE

What all

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: 270 HILLSBOKO / FOLDINGSILLC. (Name of corporation)
DOCUMENT NUMBER: L 04000074708
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Russell Trey ers AFR 2 Treyer Building Company Block Stack (Address)
Learfield Beach 1233441 (City/state and zip code) For further information concerning this matter, please call:
(Name of contact person) (Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address; Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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.

ageni, or com, in me ora	~			
1. The name of the limit	ted liability company is:	270 Hillsboro Holdings LLC	•	
		ompany is: 811 East Hillsboro		
Suite 205 - Deerfield			<u>-</u> ×	
October 14, 2004		L04000074708		
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regis Florida Department of		tered office address as shown on	the records of the	
	715 E. Hillsboro Blv	Address	2005 DEC -2 AMI SECRETARY OF STALLAHASSEE, FI	
6. The name and address	of the new registered ag	gent and/or office:		
	AM IO: 33 OF STATE			
	6630 Serena Lane	Name	Dr. O	
	Florida street address	s (P.O. Box NOT acceptable)		
	Boca Raton, FL 334	13 _{FL}		
	City, S	tate and Zip		
confirmed that after the and the business office of liability company, it is he	change or changes are m if the registered agent wi ereby confirmed that the ed liability company or of the limited liability of	under the laws of the State of Floade, the Florida street address of ill be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the articompany.	f the registered office f a Florida limited by an affirmative vote of	
Russell Meyers				
(Printed or typed name of signe	e)		•	
MIIM		gent and agree to act in this cap e to the proper and complete per is of my position as registered ac filed to merely reflect a change i ty company has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)				

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

FILING FEE: \$25.00