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| (Re | questor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) . |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY CORPORATION SECRETARY CORPORATION OF CORPORATION

Office Use Only

J. BRYAN DEC 2 9 2006

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| | f Limited Liability Company) |
| Dear Sir or Madam: | • |
| The enclosed Registered Agent/Registered | d Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concernir | ng this matter to the following: |
| Randi Vannucchi (Name of Person) | |
| | |
| (Firm/Company) 8160 Sandpiper Way | 06 DEC 29 |
| (Address) | AM 10: |
| West Palm Beach, F (City/State and Zip Code) | FL 33412 58 |
| For further information concerning this ma | atter, please call: |
| Randi Vannucchi (Name of Person) | at (561) 632–3358 (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 follow | ving amount: |
| X \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

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.

| agent, or both, in the state of 1 tortain. | |
|--|--|
| The name of the limited liability company is: | Indian Harbor Realty, LLC |
| 2. The mailing address of the limited liability compa | ny is : |
| 2000 PGA Boulevard, Suite 4450, Palm Be | ach Gardens, FL 33408 |
| | |
| December 15, 2004 | L0400090710 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the registered Florida Department of State: | d office address as shown on the records of the |
| Roberto Va | |
| Na | me |
| | oiper Way |
| Add | ress SVS |
| West Palm City, Stat | Beach, FL 33412 |
| • | C. Sign |
| 6. The name and address of the new registered agent | and/or office: |
| Randi_Vanı | nucchi e Oren Way |
| Nam | e O: AH |
| 8160 Sandr | piper Way 58 |
| Florida street address (P. | O. Box NOT acceptable) |
| West Palm Beach FI | 33412 |
| City, State | |
| If the limited liability company is not organized unde confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or a or the operating agreement of the limited liability company or a (Signature of a member or authorized representative of a member) | the Florida street address of the registered office identical. Or, in the case of a Florida limited page(s) was/were authorized by an affirmative vote |
| Randi Vannucchii | |
| (Printed or typed name of signee) | |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms that the limited liability that the liability that | and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office ampany 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