L04000092482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

L04-92482

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Schenk & Associates, PLC
A Professional Law Firm

Schenk & Associates, PLC
999 Brickell Avenue, Suite 700
Miami, Florida 33131
Phone: 305-444-2200
Fax: 305-444-2201

From the desk of:
Maximilian Schenk, Esq., M.P.A., LL.M.
Attorney at Law
Direct Tel: 305-444-2200
E-mail: mis@schenk-law.com

October 21, 2005

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Trusted Real Estate Developers, LLC – doc# L04000092482
Amendment to Articles of Organization
Our File: T1004-1

To Whom It May Concern:

Attached hereto please find Articles of Amendment to Articles of Organization for the above-referenced firm together with Check No. 1146 in the amount of $25.00 for the filing fee.

Please do not hesitate to contact us with any questions.

Thank you.

Sincerely,

Maximilian J. Schenk, Esq.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUSTED REAL ESTATE DEVELOPERS, LLC
(Name of Limited Liability Company)

Dear 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:

Maximilian J. Schenk, Esq.
(Name of Person)

Schenk & Associates, PLC
(Firm/Company)

999 Brickell Avenue, Ste. 700
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Maximilian J. Schenk, Esq. at (305) 444-2200
(Name of Person) (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

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 limited liability company is: Trusted Real Estate Developers, LLC

2. The mailing address of the limited liability company is : 999 Brickell Avenue, Suite 700, Miami, FL 33131

12/22/2004 — 3. Date of filing/registration in Florida

L04 0000 92482 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Schenk & Associates, PLC
Name

2555 Ponce de Leon Blvd., Ste. 200
Address

Miami/Coral Gables, FL 33134
City, State and Zip

6. The name and address of the new registered agent and/or office:

Schenk & Associates, PLC
Name

999 Brickell Avenue, Suite 700
Florida street address (P.O. Box **NOT** acceptable)

Miami FL 33131
City, State and Zip

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TALLAHASSEE FLORIDA

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)

Maximilian J. Schenk, Esq.
(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

INHS18 (8/05)