Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110003042973)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for futfre annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE **DECADE 80-IX GP, LLC**

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J. SAULSBERRY **EXAMINER**

DEC 3 0 264

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J. SAULSBERRY EXAMINER

DEC 310/29/3011

COVER LETTER

TO: Registration Section Division of Corporations	\			
SUBJECT: DECADE 80-1X GP, LLC				
	ed Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	c Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Michael Sweet				
Name of Person				
Decade Group		Ĭ.	21	
Firm/Company		LL A		sane Hij yeray
13555 BISHOPS COURT SUITE 345		RETA	ZIII DEC 29	reserves.
Address		338 3 4 8		Constituted to the second
BROOKFIELD WI 53005 US	•)FS		
City/State and Zip Code	***************************************	ORID 31VI	ထ္ ယ	**************************************
msweet@decadegroup.com		>	*******	
E-mail address: (to be used for future southal report notifical	uion)			
For further information concerning this matter, pl	lease call:			
Michael Sweet at (, 262 797-9215			
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 am	nount:			
C \$25 Filing Fee	S55 Filing Fee & Certified Copy			

INHS18 (5/08)

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. Name of the limited liability company: DECADE 80-IX G	,,===
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	CLEARWATER FL 33767-2503 US
(b) Mailing address of limited liability company:	13555 BISHOPS COURT SUITE 345
(Note: MAY BE POST OFFICE BOX)	BROOKFIELD WI 53005 US
12/23/2004	L0400093070
3. Date of filling/registration in Florida	1. Document number $\sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{i=1}^{n} \sum_{j=1}^{n} \sum_{j=1}^{n$
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State:
Registered Agent:	NAPLES-LAWDOCK, INC.
Registered Office Address:	1395 PANTHER LANE SUITE 300 STA
	NAPLES FL 34109-7874
	03.7 03.7
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
NEW Registered Agent:	C T Corporation System
THE THE PARTY OF T	
NEW Registered Office Address:	1200 South Pine Island Road
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Plantation FL 33324
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fic and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.	Plantation ,FL 33324 two of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fic and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or sutherized representative of a member Jeffrey Keierleber	Plantation ,FL 33324 two of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
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Division of Corporations, P.O. Box 6327, Tallahussee, FL 3231 FILING FEE: \$25.00

INHS18 (05/08)