

L05000005634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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RA  
Change

RECEIVED  
DEPARTMENT OF STATE  
14 APR - 2 PM 4:30

FILED  
2014 APR - 2 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DR  
4/3/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE :

ORDER TIME : 3:27 PM

ORDER NO. : -015

CUSTOMER NO:

CHANGE OF AGENT

NAME: FISHER ISLAND REAL ESTATE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISHER ISLAND REAL ESTATE, 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:

Robert Sosa

Name of Person

Fisher Island Holdings, LLC

Firm/Company

One Fisher Island Drive

Address

Fisher Island, Florida 33109

City/State and Zip Code

rsosa@fisherisland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Sosa

at ( 305 )

535-6056

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 605.0114 or 605.0116, 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: Fisher Island Real Estate LLC
2. (a) ONE FISHER ISLAND DRIVE  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
FISHER ISLAND, FL 33109
- (b) ONE FISHER ISLAND DRIVE  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
FISHER ISLAND, FL 33109
3. 01/18/2005 Date of filing/registration in Florida
4. L05000005634 Document number

5. (a) JOSEPH L. REBAK  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1441 BRICKELL AVENUE, 15TH FLOOR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
MIAMI, FL 33131

- (b) Corporation Service Company  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street  
NEW Registered Office Address:

Tallahassee, FL 32301

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]  
Signature of a member or authorized representative of a member

Robert Sosa  
Printed or typed name of signer

*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 605, 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]  
Signature of Registered Agent

BY:

Sue G. Knight  
Assistant Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00