## L050000006857

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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JUL 12 2012 T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 4320 RIVERS Name of Limited I	IDE Dr. LLC 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:		
Angela Delgado Name of Person		
OTA ASSOCIATES INC		
665 SE 10TH STREET #201		
DEERFIELD BEACH, FL 33441 City/State and Zip Code		
angela a gtaassociates, Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Angela Delga do CMat 954 571 4090  Name of Person  Name of Person		
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 Γ	\$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 Florida.	
1. Name of the limited liability company: 4320	
2. (a) Principal office address of limited liability compar	y: 665 SE 1013
(Note: MUST BE STREET ADDRESS) SUME	DEERFIELD BEACH, FL
(b) Mailing address of limited liability company:	665 SE10th St #201 3344
(Note: MAY BE POST OFFICE BOX)	Deerfield Beach R 33441
1/24/2005 3. Date of filing/registration in Florida	L0560006857 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	David TRACY
Registered Office Address:	ZZZ63 RUSHMORE PLACE BOCA RATON, PL 33428
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	WRegistered Office address:  Angela Delgado  665 SE 10TH STREET # 20  DEERFIELD BEACH, FL 33441
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member.  Printed or typed name of signee	s) was/were authorized by an affirmative vote rwise provided in the articles of organization by.  The state of the state o
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I hereby confirm that the limited liability companies of Registered Agent	agree to act in this capacity. I further agree to roner and complete performance of my duties.

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