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SECRETARY OF STATE TALLAHASSEE. FLORIDA

EP IA DH A

## **COVER LETTER**

Division of Corporations
SUBJECT: Yamato Crossing, 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:
Maureen J. Ruthman, Esq.  (Name of Person)
Korte, Parker & Ruthman, P.L.  (Firm/Company)
399 W. Palmetto Park Road, Suite 202  (Address)  Boca Raton, Florida 33432
Boca Raton, Florida 33432  (City/State and Zip Code)
For further information concerning this matter, please call:
Maureen J. Ruthman, Esq. at (561 ) 450-5772  (Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:

TO: Registration Section

## 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.

	Variable Oversion III O		
I. The name of the limited liability company is	: Yamato Crossing, LLC		
2. The mailing address of the limited liability of	ompany is : 751 Sanctuary Drive		
Boca Raton, Florida 33431			
January 25, 2005	L05000008070		
3. Date of filing/registration in Florida	4. Document number		
Florida Department of State:	istered office address as shown on the records of the		
Mark A. Pachm			
1645 Palm Road	Name		
1645 Palm Beach Lakes Blvd., Suite 1200 Address			
West Palm Beach	El 11 00101		
	State and Zip		
West Palm Beach, Florida 33401 City, State and Zip  6. The name and address of the new registered agent and/or office:			
Maureen J. Ruth	man Fag		
399 W. Palmetto Florida street addre	Name		
Boca Raton	FL 33432 State and Zip		

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)

Mayreen J. Ruthman

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

(Printed or typed name of signee)