05000013646

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SECRETARY OF STATE

T. CLINE
MAY 21 2008
EXAMINER

COVER LETTER

Division of Corporations			
SUBJECT: 254 TANGIER LLC (Name of	Limited Liability	Company)	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted	for filing.
Please return all correspondence concerning	•	• •	101 11111B
riease return an correspondence concerning	; tills matter to the	, tollowing.	
Francis X. J. Lynch, Esq. (Name of Person)			
Moyle Flanigan Katz Breton Wh	<u>ite & Kraske</u> r		
625 N. Flagler Drive, 9th Floor			
(Address)			
West Palm Beach, FL 33401			7A 20
(City/State and Zip Code)			
For further information concerning this matter	ter, please call:		PIL TIE
Francis X. J. Lynch		822-0387	
(Name of Person)	(Ar	ea Code & Daytime T	elephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314	
Enclosed is a check for the following	ng amount:		
\$25 Filing Fee	☐ \$55 F	iling Fee & Certified	Сору

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608. liability company submits the following state agent, or both, in the State of Florida.	2.416 or 608.508, Florida Statutes, the undersigned li- tement in order to change its registered office or regis	mited tered
1. The name of the limited liability company	y is: 254 TANGIER LLC	
2. The mailing address of the limited liability	y company is : 625 North Flagler Drive, 9th Floor	
West Palm Beach, FL 33401		
02/09/2005	L05000013646	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State: Maura Ziska	registered office address as shown on the records of the	
222 Lakoviou A	Name	
ZZZ Lakeview F	Avenue, Suite 950 Address	
West Palm Bea		
	City, State and Zip	
6. The name and address of the new registere	ed agent and/or office:	
Francis X. J. Ly	ynch	
205 N. 4. 51. 1	Name	
	ler Drive, 9th Floor	
Florida street add	lress (P.O. Box NOT acceptable)	
West Palm Bea	ty, State and Zip	
City	y, State and Zip	11.3
confirmed that after the change or changes are and the business office of the registered agent liability company, it is bereby confirmed that	zed under the laws of the State of Florida, it is hereby re made, the Florida street address of the registered officit will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative very any or as otherwise provided in the articles of organization bility company.	ote
Patrick Carney		
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relayed I am familiar with and accept the obligat Chapter 608, F.S. On it this document is being address, I hereby confirm that the limited liab	ed agent and agree to act in this capacity. I further agreative to the proper and complete performance of my dutivitions of my position as registered agent as provided for ing filed to merely reflect a change in the registered officially company has been notified in writing of this change.	e to ies, in ce ge.
(Signature of Registered Agent)		
	, P.O. Box 6327, Tallahassee, FL 32314 LING FEE: \$25.00	