LD500011/378

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						

Special Instructions to Filing Officer:

L. SELLERS

MAY/2 0 2009

EXAMINER

Office Use Only



600156060016

05/19/09--81026--003 **25.00

OP HAY 19 AM 8: 2 SECRETARY OF STATE TALLAHASSEE FLORE

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ:	ECT:1	Northstar at 0	hstar at Gramercy Square, LLC					
		Name of Limite	ed Li	abil	ity Company			
Dear S	Sir or Madam:							
The en	nclosed Registered Agent/R	legistered Office	Cha	nge	and fee(s) are	submitted for filing.		
Please	return all correspondence	concerning this t	natte	r to	the following:	:		
	Scott Worley, I		<u></u>		_			
	Name of Perso	n						
	Northstar at Gramero				-			
	1732 S Congress A	Ave, Ste 335			_			
· 	Palm Springs, FL City/State and Zip				_			
E-1	scott@northstarho	omesfl.com annual report notificat	ion)					
For fur	ther information concernin	g this matter, ple	ease (all:				
	Scott Worley	at (56	31)	638-6270		
	Name of Person				Area Code & Dayti	me Telephone Number		
	STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301]]]	Regi Divi P.O.	ILING ADDRI istration Section sion of Corpora Box 6327 ahassee, Florida	n Itions		
Enclosed is a check for the following amount:								
[√ \$25 Filing Fee			\$53	5 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.

1. Name of the limited liability company: North	star @ Gramercy Square, LLC		
2. (a) Principal office address of limited liability compan	y: 1732 S Congress Ave, Ste 335		
(Note: MUST BE STREET ADDRESS)	Palm Springs, FL 33461-2140		
(b) Mailing address of limited liability company:	1732 S Congress Ave, Ste 335		
(Note: MAY BE POST OFFICE BOX)	Palm Springs, FL 33461-2140		
05/14/09	L05000016378		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	Scott Worley		
Registered Office Address:	14901 S Military Trail Delray Beach, FL 33484		
NEW Registered Agent: NEW Registered Office Address: (MUST RE FLORIDA STREET ADDRESS)	1732 S Congress Ave		
(MUST BE FLORIDA STREET ADDRESS)	<u>Ste 335</u> <u>Palm Springs</u> ,FL33461-2140		
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 (so the members of the limited liability company or as other or the organized agreement of the limited liability company or as other or the organized agreement of the limited liability company. Signature of a member or authorized representative of a member Scott Worley Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the proposed of the provisions of all statutes relative to the proposed of the provisions of this document is being filed to maddress. I hereby confirm that the limited liability company. Signature of Registered Agent	Florida street address of the registered office atical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the article program ization y. AND TO THE FLORE TO THE PROPERTY OF STATE OF ST		
Division of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18 (05/08)