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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Dc	cument Number)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificate	s of Status
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SECRETARY OF STATE

T. MAMPTON

JUN - 8 2008

EXAMINER

COVER LETTER

Registration Section

INHS18 (8/05)

Division of Corporations SUBJECT: HIBOU PROPERTIES V FLORIDA HOLDINGS, 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: Joel J. Karp, P.A.

(Firm/Company) 1001 Brickell Bay Dr., Suite 3112 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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 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. The name of the limited liability cor	mpany is: Hibou Properties V Florida Ho	dings LLC .	
2. The mailing address of the limited li	iability company is : 6500 Riviera Drive	 .	
Coral Gables, FL 33146		<u> </u>	
04/14/2005	L05000036581	L05000036581	
3. Date of filing/registration in Florida 4. Document		ber	
5. The name of the registered agent and Florida Department of State:	I the registered office address as shown o	n the records of the	
•	stered Agents, Inc.		
	Name		
520 Brickell Key Dr., Suite O-303		8 8 8	
Address Fig. 4		CRE	
ivilaitii, i L	City, State and Zip	>	
Miami, FL 33131 City, State and Zip 6. The name and address of the new registered agent and/or office:			
Key Registered Agents, Inc. Name Name			
	Name	TE II	
	ell Bay Dr., Suite 3112	0	
Florida stre	et address (P.O. Box NOT acceptable)		
Miami	FL 33131		
	City, State and Zip		
confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme of the members of the limited liability or the operating agreement of the limited limited limited limited agreement of the limited	organized under the laws of the State of Figes are made, the Florida street address of agent will be identical. Or, in the case of that the change(s) was/were authorized company or as otherwise provided in the ed liability company. Peofa member)	of the registered office of a Florida limited I by an affirmative vote	
(Printed or typed name of signee)	gistered agent and agree to act in this capes relative to the proper and complete peobligations of my position as registered at its being filed to merely reflect a change ted liability company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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