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SECRETANT OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Fort Family 7, LLC					
(Name	of Limited Liability Company)				
Dear Sir or Madam:	,				
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concern	ning this matter to the following:				
Gary S. Phillips, Esquire					
(Name of Person)					
Phillips, Cantor & Berlowitz, P.	A .				
(Firm/Company)					
4000 Hollywood Blvd., Suite 375	5 South				
(Address)					
Hollowood El 22024					
Hollywood, FL 33021 (City/State and Zip Code)	- Harris de la companya del companya de la companya del companya de la companya d				
•					
For further information concerning this n	natter, please call:				
Gary S. Phillips, Esq.	at (954) 966-1820				
(Name of Person)	(Area Code & Daytime Telephone Number)				
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 follo	wing 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	l liability company	is: Fort	Family 7, LLC	<u> </u>			
2. The mailing address of	the limited liability	compan	y is : 801 Brickell Aver	nue, Sui	te 110	0	
Miami, Florida 33131							
05-30-2003			L05000042419				
3. Date of filing/registration	on in Florida		4. Document nu				
5. The name of the register Florida Department of S	ed agent and the retate:		office address as shown	ı on the r	ecords	of the	e
	Gary S. Phillips			_			
	4000 Hollywood	Nan Blyd 9					
	4000 Flollywood	Addre		_	5	0	
Hollywood, FL 33021					EC.	OS AUG	antial
•	Cit	ty, State	and Zip	_	AR	S	j ë Esterara
6. The name and address o	f the new registered	l agent a	nd/or office:		ASSEI	ŧ	
9	Gary S. Phillips, Esq.			_	L.C.	M.	
4	Name 4000 Hollywood Blvd., Suite 375 South Florida street address (P.O. Box NOT acceptable)				UF STATE EE, FLORIDA	PM 11: 41	
<u>!</u>	Hollywood	. FL	33021		_		•
	City	, State a	nd Zip				
If the limited liability components of the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorize	ange or changes are the registered agent by confirmed that ited liability compa	made, to will be the chan ny or as lity com	he Florida street addres dentical. Or, in the cas ge(s) was/were authoriz otherwise provided in the	s of the r e of a Flo zed by an	register orida li affirm	ed of mited native	vote

Bernardo Fort, Managing Member

(Printed or typed name of signee)

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)