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## **COVER LETTER**

Division of Co					
SUBJECT: Investo	nent & Development F		C vility Company)		
	(Name of Li	inned Diao	mity company)		
Dear Sir or Madam:					
The enclosed Register	red Agent/Registered Of	fice Chang	ge and fee(s) are submitted	for filing.	
Please return all corre	spondence concerning th	nis matter t	to the following:		
Bradford J. Nutting	, VP				
	(Name of Person)		<del></del>		
Investment & Deve	elopment Realty, LLC	<u> </u>		SECITION TALL A	05 NOV 22 PM 2: 22
	(Firm/Company)			S	22
225 N. Atlantic Ave				Chéigh CF STAT Ahassif, Florid	PH 2
	(Address)			ORIO	5: 22
Cocoa Beach, FL 329	931				
(Ci	ty/State and Zip Code)		<del></del>		
For further informatio	n concerning this matter	, please ca	II:		
Bradford J. Nutting,	VP	at ( 321_	591-5488		
(Name	of Person)	<u> </u>	(Area Code & Daytime T	elephone Numbe	r)
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations S Center Circle	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Enclosed is a	check for the following	amount:			
<b> ▼</b> \$25 Filing I	?ee	\$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.

agent, or voin, in the state of Floria	4.	
1. The name of the limited liability of	company is: Investment & Deve	opment Realty, LLC
2. The mailing address of the limited	d liability company is: 4801 5	South University Drive, Suite # 219
Davie, FL 33328		
July 14th 2005	L050	000044906
3. Date of filing/registration in Flori	da 4. D	ocument number
5. The name of the registered agent a Florida Department of State:	and the registered office addre	ss as shown on the records of the
Richard 1	D. Abraham	
	Name	
4801 Sou	th University Drive, Suite # 2	<u> 19                                   </u>
Davie El	Address	
Davie, FL	City, State and Zip	<del></del>
6. The name and address of the new	• •	
o. The name and address of the new	registered agent and/or office.	
Juanita "S	Sally" Ballew	
225 N. Atla	Name antic Ave., Suite # 301	acceptable)
Florida s	treet address (P.O. Box NOT	acceptable)
Cocoa Be	ach FL 32931	· · · · · · · · · · · · · · · · · · ·
	City, State and Zip	
If the limited liability company is no confirmed that after the change or chand the business office of the register liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limited liability of the operating agreement of the limited liability of the operation of the limited liability of the limited liabilit	red agent will be identical. Of med that the change(s) was/w ty company or as otherwise printed liability company.	the State of Florida, Pishereby treet address of the registered office
Monique I de Graw Manager of Builder De	evaloner Services 11.0 Controlling	Member
Monique L. de Graw, Manager of Builder De (Printed or typed name of signee)	eveloper Services, LLC, Controlling	Monibol
	registered agent and agree to tutes relative to the proper an ee obligations of my position a ent is being filed to merely refinited liability company has be	act in this capacity. I further agree to d complete performance of my duties, s registered agent as provided for lect a change in the registered office en notified in writing of this change.

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