•		IDS SEC	JUN 30 P 1:56 TATE AHACSEE
•	Bert & Associates / DESA 6610 N. University Dr., Suite 250 Tamarac, FL 33321		000056687
•	(City/State/Zip/Phone #)		06/30/0501028
,	(Business Entity Name)  (Document Number)		
,	Certified Copies Certificates of Status		
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

56

Pursuant to the provision liability company submits agent, or both, in the State	ss of sections 608.416 o the following statement of Florida.	r 608.508, Florida Statutes, i in order to change its registe			
1. The name of the limited	1 liability company is:	SunBiz Realty, LLC	2015 JUN 30 P 1:		
2. The mailing address of	the limited liability comp	pany is: 2240 N. Federal Hi	inhweticSilife 4		
Pompano Beach, FL 33			STATIANDE FLORI		
6/6/05		L05000055718			
3. Date of filing/registration	on in Florida	4. Document numb	er		
5. The name of the register Florida Department of S		ed office address as shown on	the records of the		
	22037 Aslatic Street	lame			
	Boca Raton, FL 3342	ddress 8 ate and Zip			
6. The name and address of					
Nicola L. Zagarolo, Esq.					
	Na 3800 Northeast 3rd A	me venue			
•	Florida street address ()	P.O. Box NOT acceptable)			
	Pompano Beach	<sub>FL</sub> 33064			
	City, Stat	te and Zip			
confirmed that after the chand the business office of liability company, it is her	lange or changes are mad the registered agent will beby confirmed that the cl d liability company or as	der the laws of the State of Floile, the Florida street address of be identical. Or, in the case of nange(s) was/were authorized to otherwise provided in the article and the article pany.	the registered office a Florida limited by an affirmative vote of		
(Signature of a member or authori	zed representative of a member)				
Ar Richard (Printed or typed name of signs	iriello				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, Unereby confirm	ntment as registered age s of all statutes relative to d accept the obligations of his document is being file that the limited liability	nt and agree to act in this cape o the proper and complete per of my position as registered ag ed to merely reflect a change i company has been notified in t	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.		
(Signature of Registered Agent)		_			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
INHS18(10/99)	FILING	FEE: \$25.00			