## L05000094084

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APR -8 2009

**EXAMINER** 

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2009 APR -7 PM 2: 11

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MODEL & SOLEYMANI I (Name of Lim	DEVELOPMENT, LLC  nited 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 m	natter to the following:	
Richard R. Thames, Esq.	<del></del>	
(Name of Person)	2009 APR -7 SECRETARY TALLAHASS	<b>-</b> T
Stutsman Thames & Markey, P.A.	TAI A	てこにいて
(Firm/Company)	SER	1 [7]
	E.O	-
50 North Laura Street, Suite 1600	Egg 😕	r
(Address)		
	Þ	
testana dia Firetta 2000		
Jacksonville, Florida 32202 (City/State and Zip Code)		
(Chyrstate and Zip Code)		
For further information concerning this matter, ple	ease call:	
Richard R. Thames, Esq. at (	904 ) 358-4000	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

## 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.

Name of the limited liability company: Model & Soleymani Development, LLC		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 1633 Racetrack Road, Suite 1 Jacksonville, Florida 32259	E1
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1633 Racetrack Road, Suite 1 Jacksonville, Florida 32259	6 0
	L05000094084 4. Document number	
5. (a) Registered Agent and Registered Office shown on t Registered Agent: Registered Office Address:	Marquinez, Romualdo C., Jr.  ARE ARE 3733 University Boulevard West	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	Jacksonville, Florida 32259	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	50 North Laura Street, Suite 1600  Jacksonville,FL_32202	_
If the limited liability company is not organized under the l that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the ca hereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized epresentative of a member)	t address of the registered office and the busine ase of a Florida limited liability company, it is by an affirmative vote of the members of the lin	ess nited
Saman Soleymani, Managing Member (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this tocament is being filed to merely reflect a confirm that the limited inbility company has been notified.		nd I 608, y

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

(Signature of Registered Agent)