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DIVISION OF CONFUNATIONS

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COVER LETTER

SUBJECT:OCEAN TOWER TWO UNIT 1001, 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: Stuart R. Michelson Name of Person Law Office of Stuart R. Michelson Firm/Company 800 S.E. Third Avenue, Fourth Floor Address Fort Lauderdale, Florida 33316 City/State and Zip Code smichelson@smichelsonlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stuart R. Michelson Name of Limited Liability Company and fee(s) are submitted for filling. Post of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifron Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: S\$55 Filing Fee \$555 Filing Fee & Certified Copy	Division of Corporations		
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: Stuart R. Michelson Name of Person Law Office of Stuart R. Michelson Firm/Company 800 S.E. Third Avenue, Fourth Floor Address Fort Lauderdale, Florida 33316 City/State and Zip Code smichelson@smichelsonlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stuart R. Michelson 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 Enclosed is a check for the following amount:	SUBJECT: OCEAN TOWER	R TWO UNIT 1001, LLC.	
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Fort Lauderdale, Florida 33316 City/State and Zip Code Smichelson@smichelsonlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stuart R. Michelson at (954) 463-6100 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Enclosed is a check for the following amount:			
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Tallahassee, Florida 32301 Enclosed is a check for the following amount:			
Enclosed is a check for the following amount:		Tallahassee, Florida 32314	
	Tallahassee, Florida 32301		
✓ \$25 Filing Fee & Certified Copy	Enclosed is a check for the following amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

LAW OFFICE OF

STUART R. MICHELSON

800 SOUTHEAST THIRD AVENUE FOURTH FLOOR FORT LAUDERDALE, FLORIDA 33316 DADE 305-861-1000 BROWARD 954-463-6100 TOLL FREE 866-563-6100 FACSIMILE 954-463-5599

Stuart R. Michelson

Of Counsel
Ilene L. Michelson
Jason H. Coffman

April 13, 2012

Florida Department of State Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

Re: Statement of Change of Registered Agents

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Agent, along with my Trust Account check no. 3494, in the amount of \$150.00, for the required filing fees as referenced below:

Entity	Filing Fee
PC-PH4 CLUB TOWER TWO, LLC	\$25.00
OCEAN TOWER TWO UNIT 1001, LLC	\$25.00
IVY UNIT 506, LLC	\$25.00
EPIC UNIT 5402, LLC	\$25.00
EPIC UNIT 4808, LLC	\$25.00
EPIC UNIT 3805, LLC	\$25.00
TOTAL AMOUNT DUE:	\$150.00

Please provide confirmation of the filing and changing of the Registered Agents for these entities at your earliest convenience. Should you require additional information, please do not hesitate to contact me at (866) 563-6100. Your attention to this matter is greatly appreciated.

Best regards

Stuart Michelson

SRM/rm Encl. 2004.669229 LAW OFFICE OF

STUART R. MICHELSON

800 SOUTHEAST THIRD AVENUE FOURTH FLOOR FORT LAUDERDALE, FLORIDA 33316 DADE 305-861-1000 BROWARD 954-463-6100 TOLL FREE 866-563-6100 FACSIMILE 954-463-5599

Stuart R. Michelson

Of Counsel Ilene L. Michelson Jason H. Coffman

May 8, 2012

Florida Department of State
Division of Corporations
Registration Section
Attn: Tammy Hampton, Regulatory Specialist II
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Agents

Dear Ms. Hampton

Pursuant to your letters dated April 17, 2012, enclosed please find the amended Statement of Change of Registered Agent for the following entities:

PC-PH4 CLUB TOWER TWO, LLC OCEAN TOWER TWO UNIT 1001, LLC IVY UNIT 506, LLC EPIC UNIT 5402, LLC EPIC UNIT 4808, LLC EPIC UNIT 3805, LLC

Please provide confirmation of the filing and changing of the Registered Agents for these entities at your earliest convenience. Should you require additional information, please do not hesitate to contact me at (866) 563-6100. Your attention to this matter is greatly appreciated.

Best regards,

Stuart Michelson

SRM/rm Encl. 2004.669229 v2



RECEIVED

12 MAY 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 17, 2012

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STUART R MICHELSON, ATTORNEY 800 SE THIRD AVE 4TH FLOOR FT LAUDERDALE, FL 33316

SUBJECT: OCEAN TOWER TWO UNIT 1001, LLC

Ref. Number: L05000094130

We have received your document for OCEAN TOWER TWO UNIT 1001, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00012002

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. Name of the limited liability company:OCE	AN TOWER TWO UNIT 1001, LLC
2. (a) Principal office address of limited liability com	pany: 800 SE THIRD AVE., 4TH FLOOR
(Note: MUST BE STREET ADDRESS)	FT. LAUDERDAL, FL 33316
(b) Mailing address of limited liability company:	SAME
(Note: MAY BE POST OFFICE BOX)	
9/23/2005	L05000094130
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	AGI REGISTERED AGENTS, INC.
Registered Office Address:	1000 BRICKELL AVE., STE. 300 MIAMI, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: STUART R. MICHELSON, ESQ.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	800 SE THIRD AVE. 4TH FLOOR FT. LAUDERDALE ,FL33316
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as often or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member RENZO COEN	e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vate herwise provided in the articles of organizations any. FILEO REPORT PROPERTY OFFICE OFFIC
•	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to independ the complete of t	a agree to yet in this capacity. I juriner agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

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