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TO: Registration Section Division of Corporations	
SUBJECT: Callophyllum Prope	erty
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Carl A. Flick Name of Person	
Trustee for Member Firm/Company	
P.O. Bo × 432 Address	
West Palm Beach FL 33° City/State and Zip Code	402
Synergia Chellsouth. net E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, p	please call:
Carl A. Flick	at (561) 844-5488
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 following a	amount:
X2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N	ame of the limited liability company:	um	Proper-	ly Limited	d U	2bility
		(b)		Comp	oany	,
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	M	ailing address of limited		
	2432 Edgewater Drive			Box 43		
	west Palm Beach FL 33406		1	Palm Beach,		33402
	9/28/2005		LO5	0000 168	78	
3.	Date of filing/registration in Florida	4.		Document number	<i>.</i>	
5. (a)	Currently on file					
J. (u	Registered Agent and Registered Office shown on the records of the	Florida I	Dept. of State:			
	Charles Mustrove					
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)				
	2328 S. Congress Avenue Si	uite	ID		3 S. C.	nia.
	West Palm Beach, FL					
						2;
(b)	New Printers of NEW Printers of Asset and Asse	C			FŞ	
	Enter name of NEW Registered Agent and/or NEW Registered Of	nce augr	ess;			로 : :
	Charles musgrove				SH.	.;,
	NEW Registered Office Address:				Z™ -	***************************************
	2432 Edgewater Drive					
	West Palm Beach , FL	334	06			
If the	limited liability company is not organized under the laws of	of the S	tate of Flor	ida lit is hereby cor	ifirmed th	nat after
the ch	ange or changes are made, the Florida street address of the	e registe	ered office a	and the business of	fice of the	e registered
	will be identical. Or, in the case of a Florida limited liabil ere authorized by an affirmative vote of the members of the					
the art	icles of organization or the operating agreement of the lim	nited lia	bility comp	any.	•	
	ture of a member or authorized representative of a member	\underline{C}	<u>arl A.</u>	Flick Printed or typed name o		
provis the ob to mei notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided fo vely reflect a change in the registered office address, I her d in writing of this change.	to act il rformar or in Ch eby con	n this capac nce of my du napter 605, h nfirm that th	ity. I further agree tties, and I am fami F.S. Or, if this doc e limited liability c	to compositiar with ument is a company to the compa	ly with the and accept being filed has been
-G:	Charles W Musqure ire of Registered Agent					
Signati	ire of Registered Agent					