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B. TESTICE JUL 1 & 2008

COVER LETTER

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Division of Corporations		
SUBJECT: Arrabelle Unit 460, 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	g this matter to the following:	
Daniel D. Reynolds, Esq. (Name of Person)	**************************************	
Garfield & Hecht, P.C. (Firm/Company)		
P.O. Box 5450 (Address)		
Avon, CO 81620 (City/State and Zip Code)	**************************************	
For further information concerning this mat	tter, please call:	
Craig M. Hankins	at (<u>386</u>) <u>871-7185</u>	
(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 followi	ng amount:	
	☐ \$55 Filing Fee & Certified Copy	

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LABILITY 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: Arrabelle L	Jnit 460, LLC	+
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 7900 Glades Road, Suite 330 Boca Raton, FL 33434	#
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7900 Glades Road. Suite 330 Boca Raton, FL 33434	
October 3, 2005	L05000096964	SE CRE
3. Date of filing/registration in Florida	4. Document number	-5 PART
5. (a) Registered Agent and Registered Office shown of	•	300
Registered Agent:	Darryl B. Kogan	
Registered Office Address:	7900 Glades Road, Suite 330 Boca Raton, FL 33434	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>		
NEW Registered Agent:	Craig M. Hankins	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2708 S. Penninsula Drive	
MUST BE PEURIDA STREET ADDRESS)	Daytona Beach	,FL_32118
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or arbitrary provided in the articles limited liability company. (Signature of a member or authorized representative of a member)	eet address of the registered offic case of a Florida limited liability by an affirmative vote of the me	ce and the business company, it is company the limited
Darryl B. Kogan (Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notific	agree to act in this capacity. I firoper and complete performance in as registered agent as provided in change in the registered office and in writing of this change.	urther agree to e of my duties, and I d for in Chapter 608, address, I hereby
(Signature of Registered Agent)		

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