105000102/03

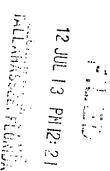
| (Requestor's Name) | | | | | |
|-----------------------------------------|--------------------------|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



200237194442

07/13/12--01007--012 **25.00



B. BOSTICK

JUL 17 2012

EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | | |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|------------------|------|-------|----------|------------|---------------------------------------|---------------|----|
| SUB | JECT: TAMARAC | | | | | | E, LLC | | | |
| Dear | Sir or Madam: | | | | | | | | | |
| The | enclosed Registered Agent/Registered (| Office (| ^h ana | e or | nd fe | e(c) are | e cuhmi | tted for fili | ina | |
| inc c | | | Jiange | c ar | 10 10 | c(s) ar | o suomi | 101 111 | . | |
| Pleas | e return all correspondence concerning | this m | atter to | o th | e fol | llowing | g: | | | |
| | THOMAS O'NEIL | | | | | | | | | |
| | Name of Person | | | | | | | | | |
| | TAMARAC UNIVERSITY DRIV | FILC | | | | | | | | |
| _ | Firm/Company | 4, 440 | | | | | | : | | |
| | | | | | | | | | 12 JUL 13 | |
| 3020 NE 43 ST | | | | | | | 2: | | • L 5 | |
| | Address | | | | | | | \$50. | <u>_</u> | ν, |
| | | | | | | | | [0] | PH 12: 2 | 1 |
| FT. LAUDERDALE, FL 33308 | | | | | | | | <u>121</u> | ŧ• | |
| | City/State and Zip Code | | | | | | | i i i i i i i i i i i i i i i i i i i | <u> </u> | |
| | TCSANDALS@AOL.CON E-mail address: (to be used for future annual report | 1 | | | | | | 37. | | |
| ı | e-mail address: (to be used for future annual report | notification | on) | | | | | | | |
| For f | further information concerning this mat | ter, ple | ase cal | 11: | | | | | | |
| | CHRISTINE O'NEIL | at (_ | 954 | |) | | 288- | -2677 | المنطوب مناسف | |
| | Name of Person | | | Аг | ea Co | de & Day | ytime Tele | phone Number | अ | |
| | STREET/COURIER ADDRESS: | | M | AII | LING | ADD | RESS: | | | |
| | Registration Section Registration Section | | | | | | | | | |
| | Division of Corporations Division of Corporations Division of Corporations | | | | | | | | | |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 | | 1 | | | | | | | | |
| | Tallahassee, Florida 32301 | | 1 a | ınaı | 14550 | c, mon | ua 3231. | • | | |
| | Enclosed is a check for the followi | ng am | ount: | | | | | | | |
| | ✓ \$25 Filing Fee | | \\$ | \$55 | Filir | ng Fee | & Certi | fied Copy | | |

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: | AMARAC UNIVERSITY DRIVE, LLC | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 2. (a) Principal office address of limited liability co | ompany: 7707 N UNIVERSITY DR #201 | | | | | | |
| (Note: MUST BE STREET ADDRESS) | TAMARAC, FL 33321 | | | | | | |
| (b) Mailing address of limited liability company: | 7707 N UNIVERSITY DR #201 | | | | | | |
| (Note: MAY BE POST OFFICE BOX) | TAMARAC, FL 33321 | | | | | | |
| 6/17/05 | L 05000102 103 _H050002451403 | | | | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | | | | |
| 5. (a) Registered Agent and Registered Office show Registered Agent: | wn on the records of the Florida Dept. of State: | | | | | | |
| Registered Office Address: | 7707 N UNIVERSITY DRIVE #201 | | | | | | |
| registered Office Address. | TAMARAC, FL 33321 | | | | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> | 3020 NE 43 ST | | | | | | |
| (MUST BE FLORIDA STREET ADDRESS | | | | | | | |
| | FT. LAUDERDALE ,FL 33308 | | | | | | |
| If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the characteristic of the members of the limited liability company or as or the operating agreement of the limited liability control of the limited lia | the Florida street address of the registered office e identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote so therwise provided in the articles of organization mpany. | | | | | | |
| Signature of a member or authorized representative of a member | | | | | | | |
| THOMAS O'NEIL Printed or typed name of signee | PHI2: 2 | | | | | | |
| I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co | | | | | | | |

Signature of Registered Agent