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(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
		:			
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SECRETARY OF STATI

T. HAMPTON

SEP 2 6 2008

EXAMINER

COVER LETTER

•	ration Section on of Corporation	ons			
SUBJECT:	CHANGING	REGISTERED	AGENT -	17 FLORIDA LL	ic's
		(Name of Li	mited Liability Co	ompany)	•
Dear Sir or M	ladam:	•	•		
The enclosed	Registered Ager	nt/Registered Offic	e Change and fee((s) are submitted for fili	ng.
Please return	all corresponden	ice concerning this	matter to the follo	owing:	
•					
1	. <i>V</i>	1. 1		•	•
	niel Ko	25 Ke/			
•	(Hante of				
	•				
	(Firm/Cor	npany)			
7700		0 /	2 -		•
100	W. (QMI) (Addres) Real, Suite	2 302		
Boca	Rata, El	L 33133		.*	
	(City/State and	d Zip Code)		•	
T C41 '	C		t	•	
For further in	formation conce	rning this matter, p	lease call:		
Dogic	el Kaskel	at	(561) 23	39-26/0	
-SZQM	(Name of Perso			Daytime Telephone Nu	mber)
	ET/COURIER A	DDRESS:	MAILING A		
	ration Section on of Corporations	•	Registration Division of C		
	Building	,	P.O. Box 632		
	xecutive Center C	Circle	Tallahassee,	Florida 32314	
Tallaha	assee, Florida 323	01	-	• ,	
Enclos	sed is a check fo	or the following ar	nount:		
[3] \$25	Filing Fee		☐ \$55 Filing	Fee & Certified Copy	
	17				
JNHS18 (5/08)	J 475 00				

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:Livings1	on street Developers, uc
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 7200 W. (OMINO Red Suite 302 Boco Redon FL 33433
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	<u>Same</u>
3. Date of filing/registration in Florida	LOS 000 102924 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Daniel A. Kukel, P.A.
Registered Office Address:	7200 Cs. (gining Red, Scite 373 Bolla Roton, PL 33433
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	Kodsi Law FIFM, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W Cypies Creek Road So the 303 Fort Condescable FL 33309
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 as otherwise provided in the articles limited liability company. (Signature of a member of authorized representative of a member) (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 pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notificated.	et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited of organization or the operating pagement of the
(Signature of Registres Agent)	

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