## U5000109767

(Re	equestor's Name)			
(170	Addition a Hallie)			
	d====\			
,# .#	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	Mait	MAIL		
(Bu	ısiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	ied Copies Certificates of Status			
Special Instructions to	Filing Officer			
	Tilling Cilicol.			
1				

Office Use Only



600081839766

11/29/06--01022--002 \*\*250





## COVER LETTER

Division of Corporations		
SUBJECT: Gulfstream Building No. 1, (Name of )	LLC Limited Liability Company)	
Dear Sir or Madam:		
	Office Change and fee(s) are submitted for filin	io
Please return all correspondence concerning	- ,,	5.
E.V. LACOUR	·	
(Name of Person)		
Gulfstream Building No. 1, LLC (Firm/Company)		
(Film/Company)		DIVIS <b>2006</b>
220 Charles Street		SECRETAR) DIVISION OF C
(Address)	<del>-</del>	TARY OF CC
Port Orange, Florida 32129		AR II
(City/State and Zip Code)	<del></del>	OF STATE RPORATIONS
For further information concerning this matt	ter, please call:	
E.V. LACOUR	_at ( 386) 760-4188	
(Name of Person)	(Area Code & Daytime Telephon	ne 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	ng amount:	
<b>✓</b> \$25 Filing Fee	S55 Filing Fee & Certified 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.

l.	The name of the limited liability company is: Gulfstream Building	io. 1, LLC				
2.	. The mailing address of the limited liability company is : 220 Charles Street					
Po	ort Orange, Florida 32129					
N	OVEMBER 10, 2006 L0500	0109767				
3.	Date of filing/registration in Florida 4. Do	cument number				
5.	The name of the registered agent and the registered office address Florida Department of State:	as shown on the records of th	ne			
	P & D Management, LLC					
	Name					
	1655 Clyde Morris Blvd. Suite 1					
	Address	<del></del>				
	Daytona Beach, Florida 32117					
	City, State and Zip					
6. The name and address of the new registered agent and/or office:		2006 NOV 29	SEC			
	E.V. LACOUR	<b>Q</b>	오줌			
	Name	22	PAR I			
	220 Charles Street	_	SKE TOSE			
	Florida street address (P.O. Box NOT ad	cceptable)	PORATIONS			
	PORT ORANGE FL 32129	<u> </u>	<u> </u>			
	City, State and Zip		<u>.</u> .			
ıc	the limited lightlite committee and and and and a learn of the	a State of Florida, it is harshy				

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

E.V. LACOUR

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F,S, Or, if this decument is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

INHS18 (8/05)

H.