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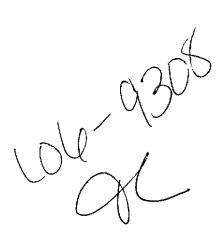
David Shapiro Valencia Dundee, LLC 777 South Flagler Drive Suite 800 West Tower West Palm Beach, FL 33401						
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(City/State/Zip/Phone #)						
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 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. The name of the limite	ed liability company is:	VALENCIA DUNDEI	E, LLC			
2. The mailing address of	f the limited liability con	mpany is : 777 S.	Flagler Drive, Suite	800 West	t	
West Palm Beach, FL 334	01					
January 26, 2006		L0600	L06000009308			
3. Date of filing/registration in Florida		4. Do	4. Document number			
5. The name of the register Florida Department of	State:		s as shown on the	records o	of the	
	CorpDirect Agents,					
	515 E. Park Avenue	Name				
		Address				
Tallahassee, FL 32301 City, State and Zip						
	•	•				
6. The name and address	of the new registered ag	ent and/or office:				
	David Shapiro			· - :		
	<u> </u>	lame		i i	trans.	
	777 S. Flagler Drive, S			10 ·		
	Florida street address	(P.O. Box NOT a	acceptable)	*1*	CO	
	West Palm Beach	FL 33401		-	. .	
	City, St	ate and Zip			40	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement of the line of the operating agreement of a member or author	hange or changes are marked the registered agent with reby confirmed that the nited liability company at of the limited liability	ade, the Florida st. Il be identical. Or change(s) was/we or as otherwise procompany.	reet address of the , in the case of a F ere authorized by a	registere lorida lin in affirma	ed office nited ative vote	
David Shapiro						
(Printed or typed name of signee)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F. O. if address, I hereby confirm	intment as registered as sof all statutes relative as of all statutes relative at accept the obligation this document is being for that the limited liability	gent and agree to a to the proper and s of my position as lied to merely refly company has be	act in this capacity I complete perforn I registered agent ect a change in the en notified in writi). I furth rance of i as provid e register ing of thi	er agree to my duties, led for in ed office s change.	

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