## 28016000010

(Requestor's Name)
(Address)
(Address)
" (Q) 10 1 17; (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Execument Nutriber)
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SEORETARY OF STAIL
ALL AHASSEE, FLERION

T. CLINE

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EXAMINER

## **COVER LETTER**

Registration Section

TO:

Division of Co	porations				
	400 411	011 51	\/D DD OD		
SUBJECT:	• • • •		VD PROPI		
	Name o	of Limite	d Liability Cor	npany	
Dear Sir or Madam:					
The enclosed Registere	ed Agent/Registered	d Office	Change and fe	e(s) are submitted	for filing.
Please return all corres	pondence concerni	ng this m	atter to the fol	lowing:	
	K RODRIGUEZ				
,	Name of Person				
	SIN BLC PROP.L	LC			
407	NIM 040T AVE	•			ZBII. SEC
497	NW 31ST AVE Address		<u>_</u> _		JAN 31 RETARY
					SS 32
DOMBAN	IO DE AOU EL OC	2000			573
	IO BEACH, FL 33 State and Zip Code	3069			
City	State and Zip Code				THE CA
VELL VOUE	ETALIQUOTAAI	COM			96
E-mail address: (to be used for future annual report notification)					
For further information	concerning this ma	atter, plea	ase call:		
RICK ROE	RIGUEZ	at (	954 )	971-260	0
Name of P	erson		Area Cod	e & Daytime Telephone	Number
STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C Tallahassee, Flor	orations Center Circle		Registration Division of P.O. Box 63	Corporations	
Enclosed is a cl	neck for the follow	ing amo	unt:		
\$25 Filing Fe	e		\$55 Filing	g Fee & Certified (	Сору

## 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:	100 ANSIN BLVD PROPERTY,LLC
2. (a) Principal office address of limited liability	y company: 100 ANSIN BOULEVARD
(Note: MUST BE STREET ADDRESS	HALLANDALE BEACH ,FL 33009
(b) Mailing address of limited liability compa	any: 497 NW 31ST AVE
(Note: MAY BE POST OFFICE BOX)	POMPANO BEACH, FL 33069
1-7-2011	L06000021085
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	shown on the records of the Florida Dept. of State:
Registered Agent:	RICK RODRIGUEZ
Registered Office Address:	100 ANSIN BLVD HALLANDALE BEACH, FIG33009
(b) Enter name of <u>NEW Registered Agent</u> a <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRA</u> )	nd/or NEW Registered Office address:  RICK RODRIGUEZ  497 NW 31ST AVE
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization of company.
RICK RODRIGUEZ	<u>.                                    </u>
Printed or typed name of signee	
I hereby accept the appointment as registered as comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.
6,6	

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

Signature of Registered Agent