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WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certificate	s of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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2000 SEP 25 P 1: 40
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. HAMPTON

SEP 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	· ·	
SUBJECT: CHANGING REGISTERED AGEN-	T. 17 FLORIDA LLC'S	
(Name of Limited Liability Company)		
	•	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
	•	
Name of Person)		
(Name of Person)	_	
(Firm/Company)	_	
•		
7200 W. Camino Real, Suite 302	<u>-</u>	
Bocq Rata, FL 33133 (City/State and Zip Code)		
For further information concerning this matter, please call:		
, e	•	
Doniel Kaskel at (56)	239-26/0	
	Code & Daytime Telephone Number)	
(Name of Ferson) (Alea	Code & Daytime Telephone Number)	
	AILING ADDRESS:	
	gistration Section vision of Corporations	
	D. Box 6327	
	liahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	55 Filing Fee & Certified Copy	
~ × 17		
DUIC10 (6/00) \$ 43F		

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: \[\frac{10menat}{10menat} \]	Town Only 110
	<u>, </u>
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 	Suite 302
	Boco Raton FL 33433
(b) Mailing address of limited liability company:	Saye
(Note: MAY BE POST OFFICE BOX)	
2/27/06	L060000 71539
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:	Daniel A. Kuskel, P.A.
Registered Office Address:	7200 Cs. (ginno Red, Suite 33
	Bels Rotes, PL 33/33
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Kods: Law FIFM, P.A.
NEW Registered Office Address:	701 W. Cypies Creek Road
(MUST BE FLORIDA STREET ADDRESS)	Some 303 fort Landerdale ,FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chareby confirmed that the change(s) was/were authorized liability company of as otherwise provided in the articles of limited liability company. (Signature of a member organized 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 proposition of the provisions of 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 notified.	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 agreement of the
(Signature of Registered Agent)	