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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Otter Beach, LLC (Name of	Limited Lia	ability	Company)	·	
Dear Sir or Madam:					
The enclosed Registered Agent/Registered (	Office Char	nge an	d fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning	this matte	r to the	e following:		
April Else					
(Name of Person)	<del></del>			700H SE	
The 1031 Exchange Experts, LLC				FILE 2005 NOV 27 SECRETARY ALLAHASSE	1
(Firm/Company)				mo m	;
8101 E. Prentice Ave., Ste. 400				P 3: 39 P STATE	
(Address)	<del></del>			39 RIDA	
Greenwood Village, CO 80111					
(City/State and Zip Code)					
For further information concerning this matt	ter, please o	call:			
April Else	at ( 303	)	694-0204		
(Name of Person)		(At	ea Code & Da	ytime Telephone Num	ıber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registr Divisio P.O. Be	ING ADDRESS ation Section n of Corporatio ox 6327 ssee, Florida 32	ns	
Enclosed is a check for the following	ng amount	:	•		
<b>✓</b> \$25 Filing Fee		\$55 F	iling Fee & Ce	ertified 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.

1. 7	The name of the limited liability company is: Otter Beach, LLC							
2. 1	2. The mailing address of the limited liability company is: 8101 E. Prentice Ave., Ste. 400,							
Gree	enwood Village, CO 80111		· · · · · · · · · · · · · · · · · · ·					
Mar	ch 1, 2006 L06000021890							
3. I	3. Date of filing/registration in Florida 4. Document no							
	the name of the registered agent and the registered office address as shown alorida Department of State:	on the record	ls of the					
	Nace Cohen							
	Name							
	287 Burnt Pine Dr.							
	Address		•					
	Naples, FL 34119	. <del></del>						
	City, State and Zip	PER Z						
6. T	he name and address of the new registered agent and/or office:	2006 NOV 27 SECRETARY ALLAHASSE						
	John C. Bonani	V 27 TARY ASSE	<b>€=</b> 25=3					
	Name	中 7						
	2068 SW 8th Avenue	FLOI FLOI						
	Florida street address (P.O. Box NOT acceptable)	3: 39 STATE LORIDA						
	Boca Raton, FL 33486 FL	D -						
	City, State and Zip	<del></del>						
con and liab	he limited liability company is not organized under the laws of the State of I firmed that after the change or changes are made, the Florida street address the business office of the registered agent will be identical. Or, in the case ility company, it is hereby confirmed that the change(s) was/were authorize the members of the limited liability company or as otherwise provided in the	of the registe of a Florida ed by an affir	ered office limited mative vote					

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

or the operating agreement of the limited liability company.

## Michael Eloranto

(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, E.S. Or, if this document 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