L06000036384

| (Re | equestor's Name) | | |
|---|--------------------|-----------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | ty/State/Zip/Phone | : #) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nam | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



900139230419

01/15/09--01029--001 **325.00

SECRETARY OF STATE OF CORPORATIONS

J. BRYAN

JAN 16 2009

EXAMINER

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: Apogee A | ssociation Management, LLC | |
|---|---|---------------------------------------|
| 2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) | Boynton Beach, FL 33462 | 6 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3600 S. Congress Ave., Suite D. Boynton Beach, FL 33462 | |
| | | 品。紫 |
| 04/06/2006 | L06000036384 | 7 9,5 |
| 3. Date of filing/registration in Florida | 4. Document number | 5 0 |
| 5. (a) Registered Agent and Registered Office shown o | n the records of the Florida Dept, of State: | 15 ANII: 93 |
| Registered Agent: | Dennis Lee | <u>@</u> |
| Registered Office Address: | do Apogee 3600 S. Congress Ave. Suite D. Boynton Beach, FL 33462 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent: | EW Registered Office address: Teff Stales / | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 31000 S. Congress Ave. Suite D. Bainton Beach Fl. 334 | 26 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability (Impany or as otherwise provided in the articles limited liability company. | eet address of the registered office and the bi- case of a Florida limited liability company, by an affirmative vote of the members of the | usiness it is a limited |
| Signature of a member or authorized representative of a member) | | |
| Dannis Lee (Printed or typed name of signee) | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pain familiar with and accept the obligations of my position S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified. | agree to act in this capacity. I further agree oper and complete performance of my dufic as registered agent as provided for in Chu change in the registered office address. I he d in writing of this change | to is, and I pter 608, ireby |
| Signature of Registered Agent) Division of Corporations, P.O. Box | 6327, Tallahassee, FL 32314 | |

FILING FEE: \$25.00

INTIS18405 08)