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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE. ALL-AHASSEE, ELORIDA

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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

Serenity Bay of the Florida Keys, LLC · SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Joseph A. Porrello Name of Person Joseph A. Porrello, P.A. Firm/Company P.O. Box 450249 Address Miami, FL 33245 City/State and Zip Code tktammyk@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joseph A. Porrello 305\_\_) Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy \$25 Filing Fee

## 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:	Serenity Bay of the Florida Keys, LLC
2. (a) Principal office address of limited liability	company:
(Note: MUST BE STREET ADDRESS)	1655 SW 2nd Avenue Boca Raton, FL 33432
(b) Mailing address of limited liability compa	ny:
(Note: MAY BE POST OFFICE BOX)	1655 SW 2nd Avenue Boca Raton, FL 33432
April 7, 2006	L06000036652
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office s	hown on the records of the Florida Dept. of State:
Registered Agent:	Joseph A. Porrello, Esq.
Registered Office Address:	2200 South Dixie Highway
	Suite 702-A Miami, FL 33133
(b) Enter name of <u>NEW Registered Agent</u> ar <u>NEW Registered Agent</u> :	nd/or <u>NEW Registered Office address</u> : <u>Nina Visser</u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE	
	Boca Raton ,FL33431
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Mark A. Kielar	
Printed or typed name of signee	FLS
I hereby accept the appointment as registered ag comply with the provisions of all statules relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being finddress, whereby confirm that the limited liability Signature of Registered Agent	ent and agree to act in this capacity. In the agree to to the proper and complete performance in the acties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.