D6000037350

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
L. SELLERS	
DEC 2 8 2010	
EXAMINER	

Office Use Only



900188890319

12/22/10--01014--011 **25.00

. SECRERATY (PISTATE TALLAHASSASSAFLORIDA



- f. .

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: Betancur Rea	al Estate Management LLC
2. (a) Principal office address of limited liability company:	
(Note: MUST BE STREET ADDRESS)	Delray Beach, FL 33445
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3726 Lone Pine Road Delray Beach, FL 33445
April 12, 2006	L06000038550
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:	Tammie B. Massey
Registered Office Address:	3601 PGA Boulevard, Suite 302 Palm Beach Gardens, FL 33410
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent:	Tammie B. Massey
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	340 Royal Palm Way, Suite 100 Palm Beach, FL 33480
THE STATE OF THE S	FL
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Rene Betancur, Manager Printed or typed name of signee I hereby accept the appointment as registered agent and agrouply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my position of the provisions of the limited liability company. Signature of Registered Agent	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization C 22

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