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SECRETARY OF STATE
ALL AHASSEE, FLORIDA

D. BRUCE
MAY 0 6 2008

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BUTTERMILK REALTY A (Name of	SSOCIATES, LLC f 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	g this matter to the following:
Vicki Fearon, paralegal	
(Name of Person)	
Ackerman, Link & Sartory, P.A.  (Firm/Company)	
222 Lakeview Avenue, Suite 1250	08 HAY -5 SECRETARY ALLAHASSE
(Address)	
West Palm Beach, FL 33401 (City/State and Zip Code)	PH 1:59  OF STATE  FLORIDA
For further information concerning this mat	tter, please call:
Vicki Fearon	at (561 ) 838-4100
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ing amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified 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. The name of the limit	ted liability company i	is: BUTTERMILK	REALTY ASSOCIAT	ES, LLC		<u></u> ·
2. The mailing address	of the limited liability	company is: 44	100 PGA BOULEVA	RD, SUITE 305	;	·
PALM BEACH GARDENS	6, FL 33410					<u></u> .
5/17/2006			L06000051296			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the regis Florida Department of	f State:	gistered office a	ddress as shown o	n the records o	f the	
	RICHARD BAER	Nome				
•	4400 PGA BOULE	Name VARD. SUITE :	305			
		Address		ĪΑ̈́S	0	
PALM BEACH GARDENS, FL 33410			<u> </u>	H 80	direction of	
	Cit	y, State and Zip		CRE!	MAY	(i
6. The name and address	of the new registered	agent and/or of	fice:	ASSE	-5	
	WENDY S. LINK, E	ESQ.		THE THE	PH	
	222 Lakeview Aven	Name ue, Suite 1250		STATE LORID	:: 5	( maria
	Florida street addre	ess (P.O. Box N	OT acceptable)	D.Fi	9	
	West Palm Beach	FL 33401				
	City,	State and Zip				
If the limited liability conconfirmed that after the cand the business office o liability company, it is hof the members of the it or the operating agreement.	change or changes are f the registered agent ereby confirmed that the miled liability compared the limited liability for the limited liability.	made, the Flori will be identica he change(s) want or as otherwing company.	da street address o l. Or, in the case o as/were authorized	f the registered f a Florida lim by an affirmat	l office ited ive vo	te
(Signature of a member or author	rized representative of a men	nber)				
AJC BUTTERMILK CORP.	., Managing Member, by	Andrew J. Cohe	en, President			
(Printed or typed name of signed	:)					
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	pintment as registered ns of all statutes relati nd accept the obligation this document is being n that the limited liabi	agent and agre ive to the prope ons of my positi g filed to merely lity company ha	e to act in this cap r and complete per on as registered ac reflect a change i is been notified in	acity. I further formance of m sent as provide n the registere writing of this	agree y dutie d for i d offic change	e to es, n e e.
(Signature of Registered Agent)				2021		
Divisi	on of Comparations 1	D (1) Day 6377	Tallahassaa VI	3731 <i>1</i>		

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

INHS18 (8/05)