## L06000056973

| (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: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |

Office Use Only



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08/16/10--01035--005 \*\*25.00



## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |
|---|--|--|
| SUBJECT: Downtown Legacy, LLC  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:   |  |  |
| Cheerawan Burk Name of Person   |  |  |
| Downtown Legacy, LLC Firm/Company   |  |  |
| 412 58th Strat  |  |  |
| West Palm Beach, FL 33407 City/State and Zip Code   |  |  |
| Missburk@ smail.com  E-mail address: (to be used/or future annual report notification)  |  |  |
| For further information concerning this matter, please call:  |  |  |
| Cheerawan Burk at (561) 906.8899  Name of Person at (561) 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 following amount:   |  |  |
| \$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. Name of the limited liability company: <u>Downtown</u>   | Legacy, LLC   |  |
|---|---|--|
| 2. (a) Principal office address of limited liability company  | : 103 Cobwhite Rd.  |  |
| (Note: MUST BE STREET ADDRESS)  | Royal Palm Beach, FL 33411  |  |
| (b) Mailing address of limited liability company:   | 18 Date Palm Way  |  |
| (Note: MAY BE POST OFFICE BOX)  | Kiviera Beach EL 33404  |  |
| June 5th, 2006  3. Date of filing/registration in Florida   | L0600056973 5 7   |  |
| 5. (a) Registered Agent and Registered Office shown on t  |   |  |
| Registered Agent:   | Cheerawan Burk SE 12  |  |
| Registered Office Address:  | 103 Bobowhite Rd. Royal Palm Beach, FL 3341   |  |
| NEW Registered Agent:   |   |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :   |   |  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)   | 412 58th Street   |  |
| [MOST BL T LORIDA STREET ADDRESS]   | West Palm Beach ,FL 33407   |  |
| 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  |   |  |
| 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 product and I am familiar with and accept the obligations of my post Chapter 608 F.S. Or, if this document is being filed to mead address, I hereby confirm that the limited liability company   | gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office 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  |   |  |