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DUDOOD 60629

| (Re | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | <u>)</u> |
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| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: 2811 REALTY, LL | _C (Name of Limited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/R | egistered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence of | concerning this matter to the following: |
| MITCHELL E. MONROE, ESC | Q. |
| (Name of Person | on) |
| MITCHELL E. MONROE, PA | |
| 107 SE 5TH STREET (Address) | From From From From From From From From |
| DANIA BEACH, FL 33004 (City/State and Zip | O Code) |
| For further information concerning | g this matter, please call: |
| MITCHELL E. MONROE, ESQ | . at (954) 559-9029 |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301 | Registration Section Division of Corporations P.O. Box 6327 |
| Enclosed is a check for the | he following amount: |
| ✓ \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

TATEMENT 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.

| · | • | | | | |
|---|---|--|--|---|---|
| I. The name of the limi | ted liability company is: | : 2811 REALT | Y, LLC | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| 2. The mailing address | of the limited liability co | ompany is : 1 | 9400 NORTH PARK | (BLVD. | |
| SHAKER HEIGHTS, OH | 44122 | | | | |
| —————————————————————————————————————— | | | | | • |
| JUNE 30, 2006 | | | L06000066629 | | |
| Date of filing/registra | ation in Florida | | 4. Document num | ber | |
| 5. The name of the regis Florida Department o | tered agent and the regin | stered office | address as shown o | n the records of the | he |
| • | MURRAY, SIMMO | NS & ZIEGL | ER, LLP | | |
| | | Name | | | |
| | 1401 E. BROWARD | · · · · · · · · · · · · · · · · · · · | | | |
| | 50071411050511 | Address | | | |
| • | FORT LAUDERDALI | E, FL 33301 State and Zi | · · · · · · · · · · · · · · · · · · · | • | |
| C 176 | • | , | | -100 | 2 |
| o. The name and address | s of the new registered a | igeni and/or o | nice: | 29年 | 至 |
| | MITCHELL E. MONI | ROE, ESQ. | | 王王 | 立二 |
| | | Name | | SS | 马一 |
| | 107 SE 5TH STREET | ~~***** | | in it. | O B |
| | Florida street addres | s (P.O. Box I | iOT acceptable) | Ţ | OT MAY I AM II. |
| | DANIA BÉACH | FL 3300 | 1 | Ţ | 語: |
| | City, S | State and Zip | | | ア |
| confirmed that after the and the business office of liability company, it is h | mpany is not organized change or changes are not the registered agent we ereby confirmed that the mited liability company ent of the limited liability prized represents to a member of a member of the limited liability or a member of a member of a member of the limited liability or a member of | nade, the Flor ill be identice e change(s) w or as otherw y company. | ida street address on the case of as/were authorized | of the registered of of a Florida limite by an affirmative | ffice d e vote |
| BARRY J. MINOFF, TRL | JSTEE | | | | |
| (Printed or typed name of signe | e) | | | | |
| I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if uddress, I hereby confir | ointment as registered a ns of all statules relative nd accept the obligation this document is being n that the limited liability | gent and agr e to the propi is of my posit filed to merel ty company h | ee to act in this cap or and complete per on as registered as y reflect a change i as been notified in | acity. I further a formance of my o zent as provided j in the registered o writing of this ch | gree to luties, lor in office ange. |
| (Signature of Registered Agent) | - MANUMY | | | | |

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

INHS18 (8/05)