## L06000074428

| (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: |  |  |  |  |  |  |  |  |
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## COVER LETTER

| Division of Corporations   |   |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Georgia Apartments, LLC  |   |  |  |  |  |  |  |  |
|  | 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 m   | natter to the following:  |  |  |  |  |  |  |  |
| fact t Tabas   |   |  |  |  |  |  |  |  |
| Joel L. Tabas  Name of Person  | and drawn and desired desired.  |  |  |  |  |  |  |  |
| Name or reison   | 7490065   |  |  |  |  |  |  |  |
| Tabas & Soloff, P.A.   | 7490065<br>HOT  |  |  |  |  |  |  |  |
| · Firm/Company   | 0 00 103180.00  |  |  |  |  |  |  |  |
| 25 SE 2nd Avenue, Suite 248  | 139-00-02-  |  |  |  |  |  |  |  |
| Address  | \$25  |  |  |  |  |  |  |  |
| Miami, Florida 33131   | 739-00-63180.00<br>\$2500<br>P3 1 of 2  |  |  |  |  |  |  |  |
| City/State and Zip Code  |   |  |  |  |  |  |  |  |
| jtabas@tabassoloff.com   |   |  |  |  |  |  |  |  |
| E-mail address: (to be used for future annual  | report notification)  |  |  |  |  |  |  |  |
| For further information concerning this matter, please   | ease call:  |  |  |  |  |  |  |  |
| Joel L. Tabas  | 305 375-8171  |  |  |  |  |  |  |  |
| 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 following amount:  |   |  |  |  |  |  |  |  |
| 2 \$25 Filing Fee  | □ \$55 Filing Fee & Certified Copy  |  |  |  |  |  |  |  |
| INHS18 (2/14)  |   |  |  |  |  |  |  |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.                               | Na                                     | me of the limited liability company:  | Georgia Apart   | ments                                       | , LLC  |   |   |
|----------------------------------|--|---|---|---|--|---|---|
| 2                                | (a)                                    | Tabas & Soloff, P.A.  |   | d   | Tabas  | & Soloff, P.A.  |   |
| -                                | (4)                                    | Principal office address of limited liz<br>(Note: MUST BE STREET A  |   | '\'   | · · · · · · · · · · · · · · · · · · ·                      | Mailing address of limited (Note: MAY BE POST                                   |   |
|                                  |  | 25 S.E. 2nd Ave., Suite 248   |   |   | 25 S.E   | . 2nd Ave., Suite 24  | 8                                       |
|                                  |  | Mlami, Florida 33131  |   | _   | Mlami,   | Florida 33131   |   |
|                                  |  | 10-09-09  |   |   | L060000  | 74428   |   |
| 3.                               |  | Date of filing/registration in  | Florida   | 4.  |  | Document number   | 72 3                                    |
| 5                                | (a)                                    | Tabas & Soloff, P.A.  |   |   |  |   | 5                                       |
|                                  | (4)                                    | Registered Agent and Registered Office show   | vn on the records of th   | ne Florida                                  | i Dept. of Str   | tte:  | 2 10                                    |
|                                  |  | Registered Office Address (MUST BE F.   | LORIDA STREET A   | <u>DDRESS</u>                               | 2),  | <b></b>   | -5<br>-34                               |
|                                  |  | 14 NE 1st Ave., PH  |   |   |  | _   | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
|                                  |  | Miami,  | ED 1  | 33132                                       |  |   | in ch                                   |
|                                  | (b)                                    | Tabas & Soloff, P.A.  |   |   |  | P5 20   | ,f2                                     |
|                                  |  | Enter name of NEW Registered Agent and/   | or NEW Registered C   | Office ad                                   | dress:   |   |   |
|                                  |  | NEW Registered Office Address:  |   |   |  |   |   |
|                                  |  | 25 S.E. 2nd Ave., Suite 248   |   |   |  |   |   |
|                                  |  |   |   |   |  |   |   |
|                                  |  | Miami   | , FL_3  | 33131                                       |  | _   |   |
| the<br>age<br>was                | char<br>nt w                           | mited liability company is not organinge or changes are made, the Florida ill be identical. Or, in the case of a Fre authorized by an affirmative vote colles of organization or the operating a              | street address of the<br>Porida limited liab<br>of the members of | he registability control the limited l      | stered offic<br>ompany, it<br>sited liabili<br>iability co | te and the business officies hereby confirmed the ty company or as other mpany. | ce of the registered at the change(s)   |
|                                  | ionati                                 | ure of a member or authorized representative  | of a member   | Joe   | I L. Taba  | Printed or typed name of  | sionee                                  |
| I h<br>pro<br>the<br>to n<br>not | ereb<br>visic<br>obli<br>nere<br>ified | y accept the appointment as registers ms of all statutes relative to the prop gations of my position as registered of the reflect a change in the registered of in writing of this change of Registered Agent | ed naunt and nare   | e to act<br>perform<br>for in C<br>ereby co | in this cap<br>ance of my<br>Chapter 60<br>onfirm that     | nacity I further agree  | to comply with the                      |
| _                                |  | j j   |   |   |  |   |   |