100000089997

\$		
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	, ,	
PICK-UI	MAIL MAIL	
	(Business Entity Name)	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	

Special Instructions to Filing Officer:

L. SELLERS

DEC 2 3 2008

EXAMINER

Office Use Only



600139151496

12/22/08--01039--004 **25.00

08 DEC 22 AM 8: 14

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Almo Properties, LLC (Name of Limite	ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this material	ter to the following:
Maurice D. Dyce	
(Name of Person)	
Almo Properties, LLC	
(Firm/Company)	
2331 N. SR 7 Suite 210	
(Address)	
Lauderdale Lakes, FL. 33313-3772	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Maurice D. Dyce at (54 990 - 0003
(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 amou	int:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INIHS 12 (5/02)

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: Almo Propert	ies, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	2331 N. SR 7., Suite 210 Lauderdale Lakes, FL. 33313-3772
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida 4	
5. (a) Registered Agent and Registered Office shown on th	
Registered Agent: Registered Office Address:	Corporation Service Company 1201 Hays Street
-	TALLAHASSEE, FL. 32301 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> <u>NEW Registered Agent</u> :	Registered Office address: Maurice D. Dyce
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2331 N. SR 7, Suite 210
If the limited liability company is not organized under the lat that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) Maurice D. Dyce (Printed or typed name of signee) I hereby accept the appointment as registered agent and agroundly with the provisions of all statutes relative to the program familiar with and accept the obligations of my position a F.S. Or, if this document is being filed to merely reflect a change of the limited liability company has been notified to the program that the limited liability company has been notified to the program of Registered Agent.	address of the registered office and the business see of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the see to act in this capacity. I further agree to be and complete performance of my duties, and I is registered agent as provided for in Chapter 608, ange in the registered office address. I hereby
Division of Corporations, P.O. Box 6	327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)