

LD60000096579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

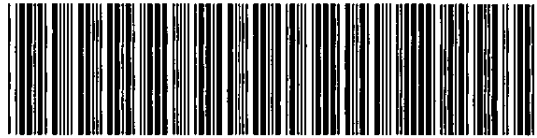
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TALLAHASSEE, FLORIDA

D. BRUCE

NOV 06 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AF PROPERTIES, 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:

MICHAEL ROSEN
(Name of Person)

FOWLER RODRIGUEZ VALDES-FAULI
(Firm/Company)

355 ALHAMBRA CIRCLE, SUITE 801
(Address)

CORAL GABLES, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

BETSY PARENTI at (786) 364-8480
(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:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

**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: AF PROPERTIES, LLC

2. (a) Principal office address of limited liability company: 60 EDGEWATER DR
(Note: MUST BE STREET ADDRESS) APT. 12C
CORAL GABLES, FL 33133

(b) Mailing address of limited liability company: 60 EDGEWATER DR
(Note: MAY BE POST OFFICE BOX) APT. 12C
CORAL GABLES, FL 33133

10/02/2006

L06000096579

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: MICHAEL ROSEN
Registered Office Address: 800 BRICKELL AVE.
SUITE 1270
MIAMI, FL 33131

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 355 ALHAMBRA CIRCLE
SUITE 801
CORAL GABLES, FL 33134

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.

Michael Rosen
(Signature of a member or authorized representative of a member)

Michael Rosen
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Rosen
(Signature of Registered Agent)

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