L060000111620

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2007

AMY NOBLE 316 PLEASANT ST KISSIMMEE, FL 34741

SUBJECT: ONE PALM REALTY, LLC

Ref. Number: L06000111620

We have received your document for ONE PALM REALTY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience. $\frac{1}{2}$

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 307A00040868

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ONE PALM REPLTY LLC. (Name of Corporation)
DOCUMENT NUMBER: <u>LOGODO 1/1 & 20</u>
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
AMY NOBLE (Name of Contact Person)
ONE PRIM REALTY LCC. (Firm/Company)
3/6 PLEASANT ST SECRETARY (Address)
magnetic first transfer and transfer and transfer are transfer are transfer and transfer are tra
KISSIMMEE FL 34941 (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call:
AMY NOBLE at (321) 445-2142 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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. The name of the limited liability company is: DIVE	PALM	REACTY LCC
2. The mailing address of the limited liability company is		
KISSIMMEE FLORIDA C		
3. Date of filing/registration in Florida	<u> </u>	
3. Date of thing/registration in Clorida	4. Document numbe	T.
5. The name of the registered agent and the registered office Florida Department of State:	DAY_	the records of the 2007 JUH 25 TALLAHASSI
6. The name and address of the new registered agent and/o		Mo = 1
PMY NOBLE Name 310 PLEASANT Florida street address (P.O. Bo		F STATE FLORIDA
KISS IMMEE FI. City, State and Z	34741	lausiphama.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	laws of the State of Florida street address of tical. Or in the case of	the registered office
AMY NOBLE (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my proceed that the provision of the proceeding of the company of the provision of the proceeding of the provision of the pro	agree to act in this capa roper and complete perf osition as registered age erely reflect a change in ny has been notified in w	city. I further agree to ormance of my duties, ont as provided for in the registered office riting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

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