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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: D'Angelo G1	ades, LLC
	f Limited Liability Company)
Dear Sir or Madam:	T _K , O
The enclosed Registered Agent/Registered	l Office Change and fee(s) are submitted for hing.
Please return all correspondence concerning	SER O
Steven G. Miller, Esquire	PH 4: 29 OF STATE E. FLORID
(Name of Person)	
(Firm/Company)	STEVEN G. MILLER ATTORNEY AT LAW NORTH FEDERAL HIGHWAY STE. 100-D BOCA RATON, FL 33431
(Address)	7.9.07
(City/State and Zip Code)	
For further information concerning this ma	atter, please call:
Steven G. Miller, Esquire (Name of Person)	at (561) 367-7785 (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 follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

agent, or both, in the state of Florida.				
1. The name of the limited liability company is: D'Ange	lo Glades,	LLC		,
2. The mailing address of the limited liability company is: 8	228 Glades	Road,	Boca	Raton,
				33434
12/14/06	L0600011			
3. Date of filing/registration in Florida 4.	Document num	ber		
5. The name of the registered agent and the registered office add Florida Department of State:	ress as shown o	n the reco	rds of th	e
Angelo Morinelli		=		
Name		Pγ	07	
8228 Glades Road				
Address	· · · · ·	HA:		
Boba Raton, FL 3343	4	SS	0	(Contraction of the Contraction
City, State and Zip		.mo	Ъ	
6. The name and address of the new registered agent and/or office	ee:	FLORIDA	PH 4:2	
Carolyn Kramer		6.5	29	
Name	<u> </u>	>		
8228 Glades Road				
Florida street address (P.O. Box NO	Γ acceptable)			
Bota Raton FL 3343	4			
City, State and Zip				
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. liability company, it is hereby confirmed that the change(s) was/of the members of the limited liability company or as otherwise or the operating agreement of the limited hability company. (Signature of a member or authorized representative of a member)	street address of Or, in the case of were authorized provided in the STEV	f the regis of a Florid by an aff articles of EN G. MI	tered of a limited irmative organiz	vote zation
* •	100 NORTH FED	ERAL HIG	HWAY S	E. 100-D
Steven G. Miller, Esquire (Printed or typed name of signee)	BUCA N	ATON, FL	33431	
I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper a and I am familiar with and accept the obligations of my position Chapter 608, F.S. On, if this document is being filed to merely readdress, I hereby confirm that the limited liability company has a (Signature of Registered Agent)	to act in this cap and complete per as registered as eflect a change i been notified in	acity. I fi formance gent as pr n the regi writing of	orther as of my å ovided fo stered o this cho	gree to luties, or in ffice inge.

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

1.9.07

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