

Lo7000008672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

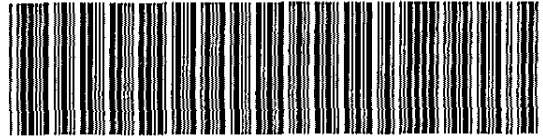
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LAW OFFICES  
WILLIAM E. SHOCKETT, P.A.  
25 WEST FLAGLER STREET  
SUITE 711  
MIAMI, FLORIDA 33130  
(305) 577-7295

February 23, 2007

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

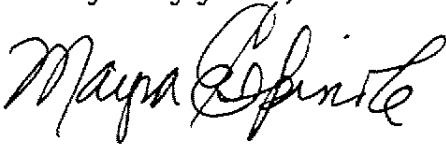
Re: 723 LLC

Gentlemen:

Enclosed please find original and one copy of Statement of Change of Registered Agent together with check payable to Florida Department of State, in the sum of \$35.00. Please return an acknowledged copy to the undersigned.

If you have any questions, please contact me.

Very truly yours,



Mayra A. Espinola, CLA  
Legal Assistant  
Enclosures  
G:LEGAL:CORR:723 LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: 723 LLC

2. The mailing address of the limited liability company is: \_\_\_\_\_

25 West Flagler Street, 6th Floor, Miami, Florida 33130

1/23/07

3. Date of filing/registration in Florida

107000008672

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LEONARD ABESS

Name

25 West Flagler Street - 6th Floor

Address

Miami, Florida 33130

City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM E. SHOCKETT, ESQ.

Name

25 West Flagler Street - Suite 711

Florida street address (P.O. Box NOT acceptable)

Miami FL 33130

City, State and Zip

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.



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

LEONARD ABESS

(Printed or typed name of signee)

*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.*



(Signature of Registered Agent) William E. Shockett

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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