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(Requestor's Name)						
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· ·	ty/State/Zip/Phone	, #)				
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PICK-UP	WAIT	MAIL				
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SECRETARY OF STATE DIVISION OF CORPORATIONS

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DEPARTMENT OF STATE
DIVISION OF TORPORATION
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JB



	REFERENCE	:	325316	7618263	
	AUTHORIZATION	:		De Ca	
	COST LIMIT	:	\$ 25	milleran	ノ
ORDER DATE :	November 19, 200	17			
ORDER TIME :	8:55 AM				
ORDER NO. :	325316-015				
CUSTOMER NO:	7618263				
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	CHANGE OF A	<u>GEN</u>	<u>T</u>		,
					SECRETARY DIVISION OF CO
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NAME:	FLORIDA PROPE	,RII	3 1111		0 CO 2
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PLEASE RETUR	N THE FOLLOWING AS	PR	OOF OF I	FILING:	20 PHI2: 42
CEDT	IFIED COPY		•		
	N STAMPED COPY				
CONTACT PERS	ON: Harry B. Davi	.s -	- EXT# 2	2926	
			EXAMINE	ER:	

ACCOUNT NO. : 072100000032

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.

-50.00, 00 00000, at 1010 00000	<i>0)</i> 1 101 144.				
1. The name of the limited	l liability company	is:	PROPERTY 3 LLC		
2. The mailing address of	the limited liability	company is: 1	32 LANCASTER	RD	
WALNUT CREEK, C	A 94595				
02/20/2007			L07000019210		
3. Date of filing/registration	on in Florida		4. Document number		
5. The name of the register Florida Department of S	red agent and the re state:	gistered office a	ddress as shown on th	ne records of the	
	JOH	IN B AGNET	TI		
	909 NORTH	Name MIAMI BEA	CH BLVD.	DIVISI	
Address MIAMI FL 3316			52	NO.	
City, State and Zip				SECRETARY DIVISION OF CO	
6. The name and address of	f the new registered	d agent and/or o	ffice:) CORP PI	
Corporation Service Company				PHI2: 42	
Name 1201 Hays Street				TE TE TE	
•	Florida street addi	ress (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City	, State and Zip			
If the limited liability common confirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement (Signature of a member or authority)	the registered agent the registered agent by confirmed that tited liability compa t of the limited liab	e made, the Flor t will be identica the change(s) wany or as otherw ility company.	ida street address of the Case of a	he registered office Florida limited	
SUSAN COUT	DEN				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registere s of all statutes rela l accept the obligat his document is bei that the limited lial	d agent and agr tive to the propi ions of my posit ng filed to mere bility company h	ee to act in this capac er and complete perfo jon as registered ager y reflect a change in l as been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	
(Signature of Registered Agent)	eng lli				
) Divisio		P.O. Box 6327	, Tallahassee, FL 32	314	

INHS18 (8/05)