## L07000019451

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## **COVER LETTER**

Registration Section

TO:

Division of Corporations	·
SUBJECT:	AHIFO-18, LLC.
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	this matter to the following:
Jena Rissman Atlass, Esquir Name of Person	re
Savage & Atlass, P.L. Firm/Company	
3999 Sheridan Street, Suite 20 Address	00
Hollywood, FL 33021 City/State and Zip Code	<u> </u>
jatlass@savageatlass.com E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter	er, please call:
Jena Rissman Atlass	at (954)985-1005
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followin	g 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.

Name of the limited liability company:	AHIFO-18, LLC.	
2. (a) Principal office address of limited liability company	<i>/</i> :	
(Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)		
02/21/2007	L07000019451	
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:	Jena R. Atlass	
Registered Office Address:	801 NE 167th Street, Suite 302 North Miami Beach, FL 33162	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEW NEW</b> Registered Agent:	W Registered Office address: Savage & Atlass, P.L.	
NEW Registered Agent:  NEW Registered Office Address:	Savage & Atlass, P.L.  3999 Sheridan Street, Suite 200	
(MUST BE FLORIDA STREET ADDRESS)	Hollywood ,FL33021	
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  Jena Rissman Atlass, Authorized Representative  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 pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.	
S/grature of Registered Agent		
Division of Corporations, P.O. Box 63 FILING FEE: \$		