L07000035346

(Requestor's Name)		
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(Business Entity Name)		
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SEGRETARY OF STATE

T. CLINE

SEP 25 2008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: THE SAILING FLAMINGO, LLC (Name of Corporation) DOCUMENT NUMBER: L07000035346 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: MICHAEL BRAULT (Name of Contact Person) REJEAN LAPIERRE 2000 INC. (Firm/Company) 7800 W OAKLAND PARK BLVD. SUITE G-121 (Address) SUNRISE, FLORIDA 33351 (City/State and Zip Code) For further information concerning this matter, please call: MICHAEL BRAULT (Name of Contact Person)

Mailing Address:
Amendment Section
Division of Corporat

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

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



September 5, 2008

MICHAEL BRAULT 7800 W OAKLAND PARK BLVD. SUITE G-121 SUNRISE, FL 33351

SUBJECT: THE SAILING FLAMINGO, LLC

Ref. Number: L07000035346

We have received your document for THE SAILING FLAMINGO, 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.

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 Regulatory Specialist II

Letter Number: 808A000489f

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THE SAILING FLAMIN (Name	GO, LLC of Limited Liability Company)	E
Dear Sir or Madam: The enclosed Registered Agent/Registered Please return all correspondence concerning	Office Change and fee(s) are submitted for filing.	
MICHAEL BRAULT (Name of Person)		
REJEAN LAPIERRE 2000 INC. (Firm/Company) 7800 W OAKLAND PARK BLVD. SUITE G-121		
(Address) SUNRISE, FLORIDA 33351		
(City/State and Zip Code) For further information concerning this mat	tter, please call:	2008 SEP 24
MICHAEL BRAULT'	at (954) 749-8802	15000
(Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	(Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	PH 1: 47 OF STATE
Enclosed is a check for the following	ing 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.

1. Name of the limited liability company: THE SAILIN	IG FLAMINGO, LLC
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: 	7800 W OAKLAND PARK BLVD, SUITE G-121 SUNRISE, FLORIDA 33351
(Note: MAY BE POST OFFICE BOX)	NEW MAILING ADDRESS: 7800 W OAKLAND PARK BLVD, SUITE G-121 SUNRISE, FLORIDA 33351
04/03/2007	L07000035346
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:	BEDARD, DENNIS R
Registered Office Address:	1717 N BAYSHORE DRIVE, SUITE 215 MIAMI, FLORIDA 33132
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	PRAILE MOUATI
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7800 W OAKLAND PARK BLVD. SUITE G-121 SUNRISE,FL_3250
If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized bliability company or as otherwise provided in the articles of limited liability company. (Signature of member or authorized representative of a member)	t address of the registered office and the business ase of a Florida limited liability company it is
VALERIE BOUAZIZ TORRON (Printed or typed name of signee) I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as provided for in Chapter 608, thange in the registered office address, I hereby in writing of this change.