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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOV 16 PM 12: 34

COVER LETTER

Division of Corporations
SUBJECT: FLORIDA COST SEGREGATION SERVICES, LLC (Name of Limited Liability Company)
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mandy Bass
(Name of Person)
FLORIDA COST SEGREGATION SERVICES, LLC (Firm/Company)
PO Box 531067 (Address)
Miami Shores, FL 33153 (City/State and Zip Code)
For further information concerning this matter, please call:
Mandy Bass <u>at (305)</u> 893.1257
(Name of Person) (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 following amount:

TO:

Registration Section

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: FI	LORIDA COST SEGREGATION SERVICES, LLC
2. The mailing address of the limited liability comp	pany is : PO Box 531067
04/12/2007	L07000039493
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the records of the
Debra Sinkle Kolsky	
Name	
1175 NE 125TH STREE	
	Idress
NORTH MIAMI FL 33161 City, State and Zip	
• /	'
6. The name and address of the new registered agen	at and/or office:
Mandy Bass	
Nar 4303 NE 404 St	ne
1323 NE 104 St.,	O D NOT
Florida street address (P	P.O. Box NOT acceptable)
Miami Shores FL 33138 F	1L
City, State	e and Zip
of the members of the limited liability company or or the operating greement of the limited liability company or the operating greement of the limited liability company or the operating greement of the limited liability company or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or or the operating greement of the limited liability company or	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited range(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
(Printed or typed name of signee) ()	
comply with the provisions of all statules relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby training that the limited liability c	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did not needly reflect a change in the registered office ompany has been notified in writing of this change.
(Signature of Registered Agent)	<u>. 1.1 </u>
Division of Corporations, P.O. FILING F	Box 6327, Tallahassee, FL 32314
INHS18 (8/05)	