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Division of Corporations

## Florida Department of State

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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 605.0114 or 605.0116, 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.

	ame of the limited liability company: PADULA LAV							
(a)	Principal office address of limited liability company:	(	p) _	<del></del>	Mailing address of limit (Note: MAY BE PO)			
	(Note: MUST BE STREET ADDRESS) 3837 NW Boca Raton Blvd., Ste. 200			8837 N	W Boca Raton B			
			-					
	Boca Raton, FL 33431			Boca Raton, FL 33431				
	04/23/2007		L	070000	042746			
	Date of filing/registration in Florida	4.			Document number			
. (a)	Stephen J. Padula							
. (4	Registered Agent and Registered Office shown on the records of	the Flori	da D	έρτ. of Sta	ate:			
		_				-	17	
	Registered Office Address	ADDRES	<u>22</u> 1			2 *	٥	
	101 Plaza Real S., Ste. 207				_			
	Boca Raton, FI	3343	1			14.5	7 JUL 13 PM 12: 30	(T)
	,	<u></u>			<u> </u>		P <sub>M</sub>	
(b)	Stephen J. Padula				_	<u> </u>	5	
( - ,	Enter name of NEW Registered Agent and/or NEW Registered	Office o	ddr	<u>es#</u> :		송화	30	
	NEW Registered Office Address:				_			
	3837 NW Boca Raton Blvd., Ste. 200				<del></del>			
	Boca Raton to	3343	1					
					<del>_</del>			
he ch igent vas/u	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited laterer are notized by an affirmative vote of the members ticles a Corganization or the operating agreement of the	t the reg iability of the li	giste con mit I lia	ered offi apany, it ed liabil Bility co	ice and the business of the confirmed by company or as of the company or as of the company.	that the	the reg changi providi	gist <b>e</b> red e(s)
Sign	ature of a member or authorized representative of a member	_		1 CPHV.	N Printed or typed name	c of signee		
l hero rovi he ob o me	why accept the appointment as registered agent and ag sions of all straytes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a charge in the registered office address, led in writing of this change.	ree to a e perfor ed for it hereby	et i mar i Ch con	n this ca ice of m apter b ifirm tha	spacity. I further agy y duties, and I am Ja 05, F.S. Or, if this d at the limited liability	ree to cor miliar wi ocument : compar	nply w ith and is bein iy has i	ith the laccep ig filed been

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 3231 FILING FEE: \$25.00

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