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COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: Polo Field One ILC (Name of Limited)	d 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 m	atter to the following:
Daniel R. Doorakian Esq. (Name of Person)	
Moyle, Flanigan, Katz, et al (Firm/Company)	
625 North Flagler Drive, 9th F	<u>lor</u>
West Palm Beach, FL 33401 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
Mari-Ellen Sheldon, Eegg Asst. at (5) (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 amo	ount:
\$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.

agent, or both, in the state of Florida.
1. The name of the limited liability company is: Polo Field One, LLC
2. The mailing address of the limited liability company is: 34 NE 24th Avenue
Apmpano Beach, FL 33062
May 08 2007 L0700048992
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Anthony Ditoco III Name AH NE 24th Avenue Address Ampano Beach FL 33062 City, State and Zip
6. The name and address of the new registered agent and/or office'
Daniel R. Doorakian Name Co25 North Flagler Onive 9th Floor Florida street address (P.O. Box NOT acceptable)
West falm Beach FL 33401 City, State and Zip
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 of the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) **Relicional Company of the limited liability company or as otherwise provided in the articles of organization of the limited liability company. (Signature of a member or authorized representative of a member)

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00