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SECRETARY OF STAIL DIVISION OF CAPTARY

	•	A COVER I	ETTER
	_	ration Section on of Corporations	
SUBJE	CT: _	Stadium South, LLC (Name of Limited L	iability Company)
Dear Sir	or Ma	adam:	
The encl	losed I	Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please re	eturn a	all correspondence concerning this matte	er to the following:
Moyl	le, F	R. Dorakian FSq. (Name of Person) Lanigan Katz et al (Firm/Company)	
	•	h Flagler Drive, 9th Floor (Address) M Beach FL 33401 (City/State and Zip Code)	·
For furth	her inf	ormation concerning this matter, please	call:
Mari-	Eller	Sheldon, Legal Asst, at (50 (Name of Person)	(Area Code & Daytime Telephone Number
F	Registra	CT/COURIER ADDRESS: ation Section n of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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.

30.11, 0.1 00.11, 1.1 1.10 0.1111 0.1 1.10.1	,	
1. The name of the limited liability company is: _Sta	dium South, LLC	
2. The mailing address of the limited liability company	is: <u>24 NE 24th Avenue</u>	
	Pompan Beach FL 33	062
May 08, 2007 3. Date of filing/registration in Florida	L0700048994 4. Document number	
5. The name of the registered agent and the registered of Florida Department of State:	fice address as shown on the records of	f the
Anthony Ditocco Name 24 NE 24th Avenu Address Pompano Beach FL City, State an	<u>je</u>	SECRE
6. The name and address of the new registered agent and	/or office:	FIE
Daniel R. Doorak Name 625 North Flagler D Florida street address (P.O. E		
West falm Beach, FL City, State and	3340] Zip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the Florida street address of the registered entical. Or, in the case of a Florida lime of some suithorized by an affirmate therwise provided in the articles of organ	d office ited tive vote
Mark FBellissimo (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the land I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions.	l agree to act in this capacity. I furthe proper and complete performance of m position as registered agent as provide nerely reflect a change in the registere any has been notified in writing of this	r agree to ny duties, ed for in ed office change.
(Signature of Registered Agent)		

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