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(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
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2007 AUG II, AH ID: 58
SECHETARY OF STATE
SECHETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Liberty Property Holdings, L	LC		
		ility Company)	 _
Dear Sir or Madam: The enclosed Registered Agent/Registered C	Office Chans	ge and fee(s) are submitt	ed for filing.
			Ü
Please return all correspondence concerning	this matter	to the following:	
Thomas R Sawyer II			
(Name of Person)			
Sawyer & Latimer, P.A.			
(Firm/Company)			
1400 East Oakland Park Blvd., Suite 102	2		
(Address)			TAS 28
Fort Lauderdale, Fl 33334			TAN TO
(City/State and Zip Code)			HAS I
For further information concerning this matter, please call:			2001 AUG 14 AH 10: 58 SECHETARY OF STATE TALLAHASSEE FLORID
Thomas R. Sawyer II	_ at (_954_	491-7233	TCP
(Name of Person)		(Area Code & Daytim	e Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: legistration Section Division of Corporations O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the followi	ng amount:		
✓ \$25 Filing Fee		\$55 Filing Fee & Certif	ied 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. The name of the limited lia	bility company is	: Liberty Prop	erty Holdings, LLC	<u> </u>		·
2. The mailing address of the	limited liability	company is:	1104 S Powerlin	e Road.		
Pompano Beach, Fl 33069						
5-22-07			L0700005445	1		
3. Date of filing/registration in Florida			4. Document	/		
5. The name of the registered Florida Department of State	agent and the reg				ecords of the	;
		Name				
655	0 N Federal Hwy	, #330				
_	- \	Address				
For	t Lauderdale, Fl	33308 y, State and Z	in			
6. The name and address of th	•		•			
Anı	n Dahm				~	
110	4 S Powerline Ro	Name oad			2007 AUG 14	-6
FI	orida street addre	ss (P.O. Box	NOT acceptal	ole)	らると	CHARLES TO THE STREET
Por	npano Beach	FL 3300	69	(Party.
	City,	State and Zij	p		SESTEL SESTEL	1 - 2-
If the limited liability compan confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of	re or changes are registered agent of the confirmed that to be ablity compared to the compared	made, the Flowill be idention will be idention he change(s) ny or as other	orida street add cal. Or, in the was/were autho wise provided	lress of the r case of a Flo orized by an	itis hereby registered off orida limited affirmative	vote
(Signature of a member or authorized i	epresentative of a men	nber)	•			
Ann Dahm, Manager						
(Printed or typed name of signee)			-			
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm tha (Signature of Registered Agent)	ent as registered all statuies relat cept the obligation document is bein t the limited liabi	agent and ag ive to the pro ons of my pos g filed to mer lity company	ree to act in the per and compli- ition as registe ely reflect a ch has been notif	nis capacity. ete performo ered agent a cange in the led in writin	I further ag ince of my d is provided fo registered of g of this cha	ree to uties, or in fice nge.
- 17 - 5 /						

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