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## **COVER LETTER**

TO: Registration Section **Division of Corporations** Coral Cove Plaza 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: Lisa Alexander Name of Person Strategic Realty Services, LLC Firm/Company 500 Northpoint Prkwy Ste 300 Address West Palm Beach FL 33407 City/State and Zip Code lalexander@strategicrealty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Alexander Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FQR 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. Na	me of the limited liability company: Coral Cove Plaza	LLC	
2. (a)	Principal office address of limited liability compa		
	(Note: MUST BE STREET ADDRESS)	Lake Worth FL 33467	
		·	SE 3
(b)	Mailing address of limited liability company:	500 Northpoint Prkwy Suite 300	<u> </u>
• /	(Note: MAY BE POST OFFICE BOX)	West Palm Beach FL 33407	<u> </u>
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		-	
May 25,	2007	L07000055966	
э. Da	te of filing/registration in Florida	4. Document number	<b>第三</b>
_ ,			
5. (a)	<ul> <li>Registered Agent and Registered Office shown or</li> </ul>	n the records of the Florida De	pt. of State:
	Registered Agent:	Strategic Realty Services, LLC	
	Registered Office Address:	901 Northpoint Prkwy Ste 200	
		West Palm Beach FL 33407	
	NEW Registered Agent:	500 Northpoint Prkwy Suite 300	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		300 Northpoliter Italy State 300	
		West Palm Beach	,FL33407
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be ide ty company, it is hereby confirmed that the change embers of the limited liability company or as otherwerating agreement of the limited liability company.	Florida street address of the re	gistered office
	·		
	Alexander		
Printed	or typed name of signee		
I hero compl and I Chapi addre	by accept the appointment as registered agent and with the provisions of all statutes relative to the part am familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to nest, I hereby confirm that the limited liability compa	agree to act in this capacity. proper and complete performan position as registered agent as perely reflect a change in the r ny has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.
Signatu	ire of Registered Agent		

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