Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

្រភិឝ្តិmail Address:____

LLC REGISTERED AGENT CHANGE AU PROPERTIES, LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	ame of the limited liability company: AU PROPERTIES	5, LLC	
2. (a)		(b)	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/12/07	L07000	0072623
3.	Date of filing/registration in Florida	4.	Document number
5. (a	BUSINESS FILINGS INCORPORATED		
	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Road		2024 HAR
	Plantation FL	33324	<u> </u>
(b)	Northwest Registered Agent LLC		26 AH
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<u></u>
	7901 4th St N		ა 9
	NEW Registered Office Address		
	STE 300		
	St. Petersburg	33702	
the chagent was/w the ar	limited liability company is not organized under the laviange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered of the limited lies of the limited lies.	office and the business office of the registered v. it is hereby confirmed that the change(s) ability company or as otherwise provided in v company.
	aturé of a member or affthorized representative of a member		Printed or typed name of signee
provi: the of to me	thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change. I aylor Newman Assistant Se	performance o, d for in Chapte hereby confirm	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been

Signature of Registered Agent