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2008 SEP 25 P. 1; 3 SECRETARY OF STATE

T. HAMPTON

SEP 2 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	3			
SUBJECT: <u>CHANGING</u>		ted Liability Compa		LLC's
		• ,		
Dear Sir or Madam:				•
The enclosed Registered Agent/	Registered Office	Change and fee(s) ar	e submitted fo	r filing.
Please return all correspondence	concerning this m	atter to the following	g:	
Daniel Ka.	skel			
(Name of Pe	rson)		-	
(Firm/Comp	anv)	<u> </u>		•
(i min comp				
7200 W. Camino (Address)	Real, Suite	302		
Boca Rada, (L (City/State and 2	33133 Cip Code)	<u> </u>		-
For further information concern	ing this matter, ple	ase call:		
Daniel Kaskel (Name of Person)	at (_	561) 239-	-26/0	
(Name of Person)	(Area Code & Dayt	ime Telephone	Number)
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for	the following am	ount:		•
\$25 Filing Fee		□ \$55 Filing Fee	& Certified Co	ору
INHS18 (5/08) \$ 425.00				

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. Name of the limited liability company: Landmark	at Dold offices acc
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	19: 7200 W. (OMINO Red Suite 302 Boco Raton FL 33433
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Sane
7/17/07 3. Date of filing/registration in Florida	<u>Lo70000 73697</u> 4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Daniel A. Kuskel, P.A.
Registered Office Address:	7200 C.J. (ginino Bed, Suite 33 Boca Baton, PL 33433
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	Kodsi Law Firm, P.A.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	701 W. Cypiess Creek Road Soute 303 Fort Contertale FL 33309
If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company of as otherwise provided in the articles limited liability company. (Signature of a member of atmorized representative of a member) (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 pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect confirm that the limited liability company has been notifications of Registered Agent)	case of a Florida limited liability company, it is by an affirmative vote of Promembers of the limited of organization or the operating agreement of the ARR ASSET, FLORENCE TO THE START OF STA

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