L07000090329

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Dusiness Entity Name)			
(Business Entity Name)			
•			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1 000			
L. SELLERS			
JUN 1 0 2008			
EXAMINER			
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Office Use Only



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SECKETARY OF STATE JALLAHASSEE. FLORIDA

COVER LETTER

ed Liability Company)				
hange and fee(s) are submitted for filing.				
tter to the following:				
				
e call:				
54) 563-1000				
Area Code & Daytime Telephone Number)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:				
\$55 Filing Fee & Certified Copy				

6/3/88

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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 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: HILLSBORG	D PLAZA, LLC	H
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	E 11 1 1 E1 00000	E) 9
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2810 East Oakland Park Boulevard, #102 Fort Lauderdale, FL 33306	6 6
	3, 2008 te of filing/registration in Florida	<u>L07000090329</u> 4. Document number	
	Registered Agent and Registered Office shown on	••	
5. (a)	Registered Agent:	Filings, Inc.	
	Registered Office Address:	3732 NW 16th Street Fort Lauderdale, FL 33311	ı
(b)	Enter name of NEW Registered Agent and/or NEW	W Registered Office address:	
	NEW Registered Agent:	JAMES L. CASE	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2810 East Oakland Park Boulevard #102 Fort Lauderdale	
that af office hereby liabilitimited (Signatus James (Printed	limited liability company is not organized under the ter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company. The of a member of authorized representative of a member) The L. Case I or typed name of signee) The provisions of all statutes relative to the provisions with the provisions of all statutes relative to the provision of the provisions of the obligations of my position or, if this document is being filed to merely reflect a company that the limited liability company has been notified.	t address of the registered office and the business ase of a Florida limited liability company, it is by an affirmative vote of the members of the limited forganization or the operating agreement of the	
	ure of Registered Agent)		

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