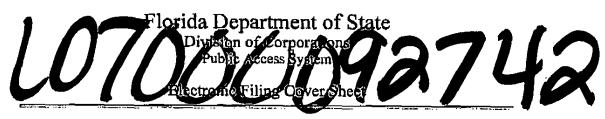
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000192365 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACOUNT

Account Number : I20030000037 Phone

: (561)835-8500

Fax Number

: (561)650-8530



REGISTERED AGENT CHANGE

THE POLLY FAMILY INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35,00

D. BRUCE

AUG 12 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000192365 3)))

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: The Polly Family Investments, LLC		
 (a) Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) 	ny: 1014 Rhodes Vijia Avenue Attn: Linda DiMarco Polly Delray Beach, Fl: 33483	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1014: Rhodes Villa Avenue Attn: Linda DiMarco Polly Delray Beach, FL 33483	
September 11, 2007 3. Date of filing/registration in Florida	L07000092742 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Corporation Company of Miami	
Registered Office Address:	250 Australian Avenue, Suite 500 (JAF) West Palm Beach, Florida 33401	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	EW Registered Office address: DA STATES	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	625 Okeechobee Blvd Suite 1100 (DAG) West Palm Beach ,FL 33401	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a number or authorized representative of a member) Linda Polly (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statules relative to the proper and complete performance of my duties, and I am familiar and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or if this document is being filled to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
(Signature of Registered Agent) Division of Cornerations R.O. Po		

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