## L07000101620

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## **COVER LETTER**

SUBJECT: Eliopoulos Properties 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:  Alan Seagrave, Esq.  (Name of Person)  Alan Seagrave P.A.  (Firm/Company)  2225 El Cid Court  (Address)  Davie, FL 33324  (City/State and Zip Code)  For further information concerning this matter, please call:  Alan Seagrave, Esq.  at (305)  Alan Seagrave Telephone Number  STREET/COURIER ADDRESS:  MAILING ADDRESS:	TO: Registration Section Division of Corporations			
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Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Registration Section Division of Corporations P.O. Box 6327		
Enclosed is a check for the following amount:	Enclosed is a check for the following	amount:		
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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. The name of the limite	d liability compar	ny is: Eliopoulos Pr	operties LLC	<u>.</u>	
2. The mailing address of	the limited liabil	lity company is: 1	331 Brickell Bay Driv	e, Unit 1711,	
Miami, FL 33131				**************************************	
Oct. 5, 2007			L07000101620		
3. Date of filing/registration in Florida		-	4. Document number		
5. The name of the registe Florida Department of S		registered office a	address as shown or	the records of the	
	Eliana Camaci	ho		0	
		Name		DIVIS 07	
1331 Brickell Bay Drive, Unit 1711,			1,	<b>97</b>	
		Address			
Miami, FL 33129				12 12	
		City, State and Zij	p	그 유민	
6. The name and address of the new registered agent and/or office:			AH II: 52		
Eliana Camacho			52 57		
	1331 Brickell Ba	Name y Drive, Unit 1711	1		
	Florida street ac	ddress (P.O. Box I	NOT acceptable)		
	Miami	FL 3313	1	<u> </u>	
	C	City, State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement.	nange or changes the registered ag- reby confirmed the nited liability com it of the limited li	are made, the Flor ent will be identica at the change(s) wan apany or as otherwability company.	rida street address on the case of the cas	f the registered office f a Florida limited by an affirmative vote	
		-			
Alan Seagrave		· · · · ·			
(Printed or typed name of signee)  I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm Eliano (Signature of Registered Agent)			ee to act in this cap er and complete per ion as registered as ly reflect a change i as been notified in	acity. I further agree to formance of my duties, tent as provided for in In the registered office writing of this change.	

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