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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	.wait	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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L	Office Use On	

B. KOHR
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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 14831 Nu 7A-Name of Limite	d 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 m	natter to the following:	
	12 HAY 29 PH 3: 5	
D. I D. "		
Robert Bailey Name of Person	29	
	P	
	بې ئ	
Firm/Company	ű.	
401 E Las Olas Blvd Suite 130-521		
Address		
Ft Lauderdale, FL 33301		
City/State and Zip Code		
goodearthpropman@earthlink.net		
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification)	on)	
For further information concerning this matter, ple	ase call:	
Robert Bailey at (at (954) 463-9099 Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytine reiephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following am-	ount:	
\$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. Name of the limited liability company: 1483	I NW TAVE LCC
2. (a) Principal office address of limited liability compar	ny: 401 East Las Olas Blvd
(Note: MUST BE STREET ADDRESS)	Suite 130-521 Ft Lauderdale, FL 33301
(b) Mailing address of limited liability company:	401 East Las Olas Blvd
(Note: MAY BE POST OFFICE BOX)	Suite 130-521 Ft Lauderdale, FL 33301
3. Date of filing/registration in Florida	L07000 1 7080 = 3
 (a) Registered Agent and Registered Office shown or 	
Registered Agent:	Robert Barly in
Registered Office Address:	14831 Nu 7AC siani, FZ 33168
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Robert Bailey
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd Suite 130-521 Ft Lauderdale ,FL33301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
Robert Bailey	_
Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statules relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, position as registered agent as provided for in perely reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Register

d-Agent