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D. BRUCE
MAY 3 0 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•
	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:
Robert Bailey	
Name of Person	
Firm/Company	- \
401 E Las Olas Blvd Suite 130-521 Address	
Ft Lauderdale, FL 33301 City/State and Zip Code	TO THE TAX AND THE TAX AND THE TAX AND
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification	
É-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, ple	TO and proper
Robert Bailey at (954) 463-9099
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	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: 2208	? South ST. Pd 7 LCC
2. (a) Principal office address of limited liability compan	y: 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	<u>L07000 117 082</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Robert Buly
Registered Office Address:	14831 Nu 7AC Minni, Fl 33400
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address: AHASSE
NEW Registered Agent:	Robert Bailey
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd SS
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Robert Bailey	Florida street address of the registered office
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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is heing filed 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 Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00