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B. BOSTICK
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 submitt	ed for filing.
Please return all correspondence concerning this r	natter to the following:	
Robert Bailey		
Name of Person		
Firm/Company		
401 E Las Olas Blvd Suite 130-521		
Address		12 IALI
Ft Lauderdale, FL 33301		
City/State and Zip Code		29 28 28 28
goodoortharanman@carthlink not		
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notificat	ion)	<u> </u>
For further information concerning this matter, pl	ease call:	Ų6 RIĐA
Robert Bailey at (954_) 463-9	099
Name of Person	Arca Code & Daytime Teleph	none 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 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following an	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:1283	vu 31 Are UC
2. (a) Principal office address of limited liability company	
(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	Lo 7000 1 7089 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Robert Buly
Registered Office Address:	14831 Nov 7 ha n'ami Fl 33160
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W 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 F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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	lavia of the State of Florida, it is homely
Robert Bailey	
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the provider of the provisions of all statules relative to the provider of the printed that the document is being filed to me address. I hereby confirm that the limited trability companions of Registered Agent.	gree to act in this capacity. Flutther agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.

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