Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:					

REGISTERED AGENT CHANGE THE BERNARD M. BARBASH FAMILY LLC

Certificate of Status Ü Certified Copy Page Count \$35.00 Estimated Charge

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N. Cuttigen FEB 2 32/22/2011

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:Th	ne Bernard M_Barbash Family LLC					
2. (a) Principal office address of limited liability con	npany: 119 Via Capri					
(Note: MUST HE STREET ADDRESS)	Palm Reach Garriens FL 33418					
(b) Mailing address of limited liability company:	119 Via Capri					
(Nate: MAY BE POST OFFICE BOX)	Palm Beach Gardens, FL 33418					
November 30, 2007	1,07000119562					
3. Date of filing/registration in Florida	4. Document number					
5. (a) Registered Agent and Registered Office show	on the records of the Florida Dept. of State:					
Registered Agent:	C T Corporation System					
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324					
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>[MUST BE FLORIDA STREET ADDRESS</u>]	Bernard M. Burbash 119 Via Capri					
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company or as the operating agreement of the limited liability confirmed liab	the Florida street address of the registered office indentical. Or, in the case of a Florida limited proofs was ween authorized by an affirmative vote					
Bernard M. Barbash Printed or typed name of Agree						
I hereby accept the appointment as registered arent comply with the provisions of all statutes relative to to and I am families with and accept the obligations of a Chapter 508, F.S. Or of the accept the light their filed accept the complete some states. Thereby configuration the lighten habitity con	and agree to got in this capacity. I further agree to the proper and complete performance of my duties, my position as registered opent as provided for in to merely reflect a change in the registered office motory this change.					
Saltedare of Registered Agent						

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

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