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WAYLEN BAY PROPERTIES, LLC

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COST: \$25

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PA

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: Waylen Bay I	Properties, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	#531 Tampa, FL 33609
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	JUL -9
01/08/2008	L08000002470
3. Date of filing/registration in Florida 4.	. Document number
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	e records of the Florida Dept. of State:
Registered Office Address:	2411 W. Horatic Street #531 Tampa, FL 33609
(b) Enter name of NEW Registered Agent and/or NEW NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Registered Office address: 7300 Bird Road
-	Miami ,FL 33155
If the limited liability company is not organized under the latthat after the change or changes are made, the Florida street a office of the registered agent will be identical. Or, in the cas hereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of dimited liability company. (Signature of a sember or numerized representation of a membr)	address of the registered office and the business
Nigel Balley, Manager (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and age comply with the provisions of all statues relative to the prop am familiar with and accept the obligations of my position as i.S. Or, if this document is being filed to merely reflect a ch confirm that the limited liability company has been notified h	ree to act in this capacity. I further agree to er and complete performance of my auties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change.
(Signature of Register Agent) Division of Corporations, P.O. Box 6. FILING FEE: S	327, Talinhassee, FL 32314 525.00

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