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J. BRYAN

MAY 3 0 2012

EXAMINER

COVER LETTER _

TO: Registration Section Division of Corporations		
SUBJECT: 2250 South 3 Name of Limited I		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Robert Bailey		
Name of Person		
Firm/Company		
401 E Las Olas Blvd Suite 130-521	29 PH 1: 38 ASSEE, FLORID	
. reduces	755	
FILE - 1 - 1 - 1 - FI 00004	38 38 TE	
Ft Lauderdale, FL 33301 City/State and Zip Code		
enyionalo and zip code		
goodearthpropman@earthlink.net		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
Robert Bailey at (954) 463-9099	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 266! 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 amou	nt:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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: 2250	South 30 Ave UC
2. (a) Principal office address of limited liability company	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
2/8/08	108000014350
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Rohart Baily
Registered Office Address:	14831 Nu 7 to mani Fl 33160
NEW Registered Agent:	Robert Bailey
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	
(MUST BE FLORIDA STREET ADDRESS)	Suite 130-521 Ft Lauderdale ,FL 33301
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 expresentative of a member Robert Bailey Printed or typed name of signee	Florida street address of the Experied office tical. Or, in the case of a Florida limited was/were authorized by an infirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the invited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

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

Signature of Registered Agont