## 108000014387

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			





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12 MAY 29 PH 3: 33

B. BOSTICK
MAY 3 0 2012
EXAMINER

## **COVER LETTER**

то:	Registration Section Division of Corporations							
SUBJ		√ 6 of Limite						
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered	d Office	Change	and fee	e(s) are submitted fo	r filing.		
Please	return all correspondence concerni	ng this n	natter to	the foll	owing:			
	Robert Bailey Name of Person			_				
	Firm/Company			_				
	401 E Las Olas Blvd Suite 13 Address	<u>30-521</u>		<del></del>			*****	
							2 11	
	Ft Lauderdale, FL 3330	1	· · · · · · · · · · · · · · · · · · ·			ES.	場で	
	City/State and Zip Code					CET.	CL	į
	goodoortharoaman@oorthli	nk not					P	9
E-	goodearthpropman@earthlin mail address: (to be used for future annual repo	rt notificati	on)	_			င့်၁	4
For fu	rther information concerning this ma	atter, ple	ase call	:		Die De	33	
	Robert Bailey	at (	954	)	463-9099			
	Name of Person	(		Area Code	e & Daytime Telephone N	lumber		
	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 follow	ving am	ount:					
	\$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.

agent, or com, in the state of 1 th tau.				
1. Name of the limited liability company: 2073	on 6 Place LC			
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			
2/7/08  3. Date of filing/registration in Florida	<u>Lo 8000 0 14 387</u> 4. Document number			
5. (a) Registered Agent and Registered Office shown on				
Registered Agent:	Pohol Buly			
Registered Office Address:	14831 vy 7 he nimi, Fr 33/60			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	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 laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.				
Signature of a member of authorized representative of a member	The state of the s			
Robert Bailey Printed or typed name of signee	7 29 ×			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to oper and complete performance of my duties, solition as registered agent as provided for 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 Agent