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(Re	questor's Name)	
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D. BRUCE

MAY 3 0 2012

EXAMINER

COVER LETTER

15

TO: Registration Section Division of Corporations	
SUBJECT: 2150 Goth 57. Name of Limite	PJ 7 LLC ad Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Robert Bailey	
Name of Person	
Firm/Company	
401 E Las Olas Blvd Suite 130-521 Address	
Ft Lauderdale, FL 33301 City/State and Zip Code	1729 RM TARY OF TASSEE. F
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification)	STATE CORIDA
For further information concerning this matter, ple	ase call:
Robert Bailey at (at	954) 463-9099
Name of Person	Area Code & Daytime Telephone Number
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 following ame	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: 2150	South State Rd 7 LK
2. (a) Principal office address of limited liability compar	ny: 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	L080000 14428
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	14871 Nu 7 te
Registered Office Address:	14831 Nu 7 Aze
-	Minny, FI 33/08.
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address: AND
NEW Registered Agent:	Robert Bailey
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	401 East Las Olas Blvd Suite 130-521 EA Ft Lauderdale Ft Lauderdale
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change 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	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote
Robert Bailey	
Printed or typed name of signce	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is heing filed to m address, I hereby confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in werely reflect a change in the registered office ny 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 Ag