

L08000022227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

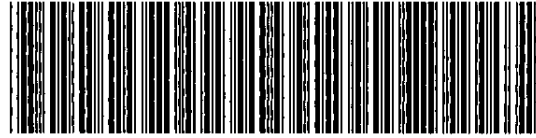
Special Instructions to Filing Officer:

A. LUNT

DEC - 3 2008

EXAMINER

Office Use Only



400138161414

11/24/08--01032--004 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 DEC - 1 PM 2: 04

FILED

3400 Burns, LLC
99 Woodsmuir Court
Palm Beach Gardens, FL 33418
561-691-9891

November 21, 2008

Registration Section Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am sending a check in the amount \$55. This money is payment for a certified copy of the change of registered agent to be sent to me at the above address.

Should you have any questions, please call me at the number above.

Thank you for your time and consideration.

Kim Rosenberg
Vice President



2008 DEC - 1 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3400 Burns, LLC
(Name of Limited 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 matter to the following:

Kim Rosenberg
(Name of Person)

3400 Burns, LLC
(Firm/Company)

99 Woodsmuir Court
(Address)

Palm Beach Gardens, FL 33418
(City/State and Zip Code)

2008 DEC - 1 PM 2: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Steven M. Selz, Esq. (561) 694-0260
(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 amount:

\$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: 3400 Burns, LLC

2. (a) Principal office address of limited liability company: 99 Woodsmuir Court
Palm Beach Gardens FL 33418
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 99 Woodsmuir Court
Palm Beach Gardens FL 33418
(Note: MAY BE POST OFFICE BOX)

March 31, 2008
3. Date of filing/registration in Florida

L080000222221
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Dana M. Kaufman
Registered Office Address: 400 Hollywood Blvd
Suite 215.5
Hollywood FL 33021

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: Steven M. Selz, Esquire
NEW Registered Office Address: 500 University Blvd
(MUST BE FLORIDA STREET ADDRESS) Suite 110
Jupiter, FL 33458

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]
(Signature of a member or authorized representative of a member)

Kim Rosenberg
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

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

2008 DEC - 1 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED