## 108000027270

(Requestor's Name)				
(Address)				
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(City	y/State/Zip/Phone	#)		
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SLUGGER OF STATE

B. BOSTICK
MAY 3 0 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: 1341 Nu 31 Name of Limite			<del></del>		<del></del>	
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change a	ınd fee(s) ar	e submitted for	filing.		
Please return all correspondence concerning this n	natter to t	he followin	g:			
Robert Bailey Name of Person		_				
Name of Leson						
Firm/Company		-				
401 E Las Olas Blvd Suite 130-521		_		MULAH	12 HAT	4.
				ASSE	29	
Ft Lauderdale, FL 33301 City/State and Zip Code	<del></del>	~		ு <u>அ</u>	PH 3: 41	
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notificat	ion)	_		02104	ी स	
For further information concerning this matter, ple						
Robert Bailey at (	954	)	463-9099			
Name of Person	A	rea Code & Da	ytime Telephone Nu	шпоег		
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 am	ount:					
\$25 Filing Fee	\$55	Filing Fee	& Certified Co	ру		

## 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.

<i>y</i> , , , , , , , , , , , , , , , , , , ,	
1. Name of the limited liability company: 391	NW 31 Are UCC
2. (a) Principal office address of limited liability compa	iny: 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
3/14/08	L08000027270
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	Pohot Buly
Registered Office Address:	14831 vu 7Ae
	- Miami, Ft 33/60)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Robert Bailey
<del></del> , ,	
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 confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability compa	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote nerwise provided in the articles of organization
COG. 63	
Signature on a member or authorized representative of a member	B
Robert Bailey	
Printed or typed name of signee	11 <u>C. TO</u> \$
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compo	l agree to act in this capacity. If urther agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any 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