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SECRETARY OF STATE

J. BRYAN

MAY 3 0 2012

EXAMINER

COVER LETTER

TČ: Registration Section Division of Corporations	
SUBJECT: 2500 Sorth 30 Ac, VIC 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:	
Robert Bailey Name of Person	
Firm/Company 401 E Las Olas Blvd Suite 130-521	1
401 E Las Olas Blvd Suite 130-521 Address	ードし
Address Ft Lauderdale, FL 33301 City/State and Zip Code	
goodearthpropman@earthlink.net E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please 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 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 \$25 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: 2500 Scath 30 Ae UC

2. (a) Principal office address of limited liability company: 401 East Las Olas Blvd (Note: MUST BE STREET ADDRESS) Suite 130-521 Ft Lauderdale, FL 33301 401 East Las Olas Blvd (b) Mailing address of limited liability company: Suite 130-521 (Note: MAY BE POST OFFICE BOX) Ft Lauderdale, FL 33301 L080000 36215 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Robert Bailey **NEW** Registered Agent: **NEW** Registered Office Address: 401 East Las Olas Blvd

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.

Suite 130-521

Signature of a member or authorized epresentative of a member

(MUST BE FLORIDA STREET ADDRESS)

Robert Bailey

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. Further agree to comply with the provisions of all statules relative to the proper and complete performance of me 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 of Registered Agent

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