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EXAMINER



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SECRETARY OF SAME SECRETARY OF SAME

· COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Majestic R	tesidences II LLC
	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	atter to the following:
Coott MII ando	
Scott W Leeds Name of Person	
,	
Majestic Residences II LLC Firm/Company	ar - share - shake - y
1 the Company	
2541 SW 27 Avenue	
Address	
Miami, Florida 33133	-
City/State and Zip Code	
Sudanda@aal.com	
Swleeds@aol.com E-mail address: (to be used for future annual report notification)	on)
For further information concerning this matter, ple	ase call:
	305) 962-1236
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amo	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:	Majestic Residences II LLC	
2. (a) Principal office address of limited liability com	npany: 2541 SW 27 Avenue	
(Note: MUST BE STREET ADDRESS)	Miami, Florida 33133	
(b) Mailing address of limited liability company:	2541 SW 27 Avenue	
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33133	
06/06/2008	L08000055997	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	n on the records of the Florida Dept. of State:	
Registered Agent:	Scott W Leeds	
Registered Office Address:	2400 S. Dixie Highway, #100 S)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2541 SW 27 Avenue	Pane Transition of the Control of th
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the chang of the members of the limited liability company or as correct or the operating agreement of the limited liability company or as correct or the operating agreement of the limited liability company or as correct or the operating agreement of the limited liability company or as correct or the operating agreement of the limited liability company or as correct or the operating agreement of the limited agent agreement of a member	the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vol otherwise provided in the articles of organization apany.	n n

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

Signature of Registered Agent