L08000090281

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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; SOUTHSIDE GATEWAY	HOLDINGS, LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	746 S. ORLANDO AVE, UNIT 6D8 COCOA BEACH, FL 32931		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	10544 S, TRIPP AVE., CAK LAWN, IL	30453	
9/22/08	L08000000281		
3. Date of filing/registration in Florida 4	. Document number		
5. (a) Registered Agent and Registered Office shown on the	e records of the Florida D	ept. of State:	
Registered Agent:	EDMUND SWEENEY	<u> </u>	
Registered Office Address:	748 S. ORLANDO AVE., UNIT 608 COC	OA BEACK FL 2931	a ner god
•		<u>华</u> 而 鬥	
		928 757 9388	
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office addre	——————————————————————————————————————	ومسا
NEW Registered Agent:	MARK S. SCHECTER	ST (5	¹
MUST BE FLORIDA STREET ADDRESS)	100 NE 3RD AVENUE		
	SUITE 620 FORT LAUDERDALE	.FL 33301	
If the limited liability company is not organized under the large confirmed that after the change or changes are made, the Florand the business office of the registered agent will be identic iability company, it is hereby confirmed that the change(s) whe members of the limited liability company or as otherwise he operating agreement of the limited liability company.	rida street address of the re al. Or, in the case of a Flo	egistered office	
EDMUND SWEENEY			
rinted or typed name of signec			
I hereby accept the appointment as registered agent and agr omply with the provisions of all statutes relative to the prop and I am familiar with and accept the obligations of my posit hapter 608, F.S. Or, if this document is being filed to mere, daress, I hereby confirm that the limited liability company h	ee to act in this capacity. er and complete performa jon as registered agent as ly reflect a change in the r as been notified in writing	I further agree nce of my dutie provided for in egistered office y of this change	to s,
ignature of Registered Agent			

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