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From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089 Phone

Fax Number : (302)674-5266

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: <u>dmy@potamkinfamily.com</u>

## LLC REGISTERED AGENT CHANGE **ALTON 633 PROPERTIES, LLC**

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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 605.0114 or 605.0116, 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.

)		(	ъ)		
•	Principal office address of limited liability company:		. ,	Mailing address of limited liability compan	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	ļ
	5800 NW 171st Street	_	5800 NW	171st Street	
	Miami, FL 33015	_	Miami, FL	33015	-
	12/11/08		C08000 (13:	355	
	Date of filing/registration in Florida	4.		Document number	
a)	Dave Yusko				
	Registered Office Address	DDRES	27	_	
	5800 NW 171st Street			<i>Q</i>	. 7
	Miami , FL	33015			) 1911 - 1912
o)	NRAI Services, Inc.				N 35
-,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				л <del>В</del>
	NEW Registered Office Address:				<u>م</u> ⊃
	1200 South Pine Island Road		<u> </u>	- -	در
	Plantation	33324			
t ou urti	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of the operating agreement of the	the reg ability of the li limited	pstered orno company, it mited liabili	is hereby confirmed that the change ty company or as otherwise provide	(3)
فمر	bure of a member or authorized representative of a member			Printed or typed came of signee	
1	by accept the appointment us registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change of the property of the provider.	ee to a perfori d for in hereby	ct in this cap mance of my i Chapter 60 confirm that	pacity. I further agree to comply we duties, and I am familiar with and 5, F.S. Or, if this document is bein t the limited liability company has b	ith the according file of the according file of the according to the accor

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