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EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUB		werdlow Holly Hill GP, LLC e of Limited Liability Company	_
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Regis	ered Office Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence conc	rning this matter to the following:	
	Maria T. Fundo		17 TH CU
	Name of Person		ر د
	Swerdiow Holly Hill G Firm/Company	P, LLC	•
	3390 Mary Street, Su Address	e 200	
	Coconut Grove, FL City/State and Zip Code	3133	
<u> </u>	m.fundora@swerdlov	r.com report notification)	
For fi	urther information concerning th	s matter, please call:	
	Maria T. Fundora	at (<u>305</u>) <u>442-6530</u>	_
	Name of Person STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the fe	llowing amount:	
	\$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:	Swerdlow Holly Hill GP , LLC
2. (a) Principal office address of limited liability comp	pany: 3390 Mary Street, Suite 200
(Note: MUST BE STREET ADDRESS)	Coconut Grove, FL 33133
(b) Mailing address of limited liability company:	J. O. C.
(Note: MAY BE POST OFFICE BOX)	20 Co
12/16/2008	L08000114538
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:
Registered Agent:	Theodore Stotzer
Registered Office Address:	321 East Hillsboro Boulevard Deerfield Beach, FL 33441
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Brett Dill
NEW Registered Office Address:	3390 Mary Street, Suite 200
(MUST BE FLORIDA STREET ADDRESS)	Coconut Grove ,FL33133
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	nellen
Printed or typed name of signce	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being field address. I hereby confirm that the limited liability companies to the confirm that the limited liability companies.	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office

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