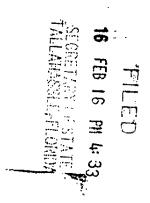
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COVER LETTER

то:	Registration Section Division of Corporations	•	# 2 .
SUBJ	254 Gulfview, LLC		
		ne of Limited Liability Company	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning th	is matter to the following:	
Pove	mond A. Roos, III		
Kayı	mond A. Ross, III		
	Name of Person		
254	Gulfview, LLC		益る
	Firm/Company		翻田里
185	Twelve Oaks Lane	,	多可用
	Address		1 2 2 U
Pont	e Verd e , FL 32082		FILED # 33
	City/State and Zip Code		
T0	24705530, ross mgmt- E-mail address: (to be used for future ann	ual report notification)	
For fu	rther information concerning this matter,	please call:	
Ra	mond A Ross III Name of Person	_at(<u>904</u>) <u>273-7088</u>	
	Name of Person	Area Code & Daytime Telephor	ne 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:	
	2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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.

(a)		(۱	0)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `]	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	185 Twelve Oaks Lane			185 Twe	elve Oaks Lane
	Ponte Verde, FL 32082		-	Ponte V	erd e , FL 32082
	3/18/2009		ı	_090000	026430
	Date of filing/registration in Florida	- 4.			Document number
(a)	Lisa Daniels				
(α)	Registered Agent and Registered Office shown on the records of	the Florida	a L	Dept. of State	- е:
	Lisa Daniels, Esq. c/o Therrel Baisden, P.A.				•
	Registered Office Address (MUST BE FLORIDA STREET)				32 5
	One SE 3rd Ave, Suite 2950				
	Miami	33131			2000年16日
(b)	Raymond A. Ross, III				E 3 2 5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dr	<u>¢ss</u> :	- GG f. BH 3
	Raymond A. Ross, III				$arphi_{ij}^{(i)}$, $arphi_{ij}^{(i)}$
	NEW Registered Office Address:				-
	185 Twelve Oaks Lane				-
	Ponte Verde	32082			
char ent w s/we artic	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of the operating agreement of the	the reginability confirmation of the limited l	ste om nite lia	ered office pany, it is ed liability bility con	e and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in a pany. Ross, III
_	use of a member or authorized representative of a member				Printed or typed name of signee
zret visio obli	by accept the appointment as 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	ee to act perform d for in (t ii an Ch	n this cape ace of my capter 605	acity. I further agree to comply with t duties, and I am familiar with and acc , F.S. Or, if this document is being fil

Signature of Registered Agent