## L09000036990

. (Re	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(Cit	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<b>(D</b>	
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

A. LUNT

JUN 23 2009

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: RUNWAY DIVA 3 Name of Limited I			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for	filing.	
Please return all correspondence concerning this mat	ter to the following:		
JACQUELYN KnighT	<del></del>		
Runway Diva 33, LC		200 SE	
1945 S. OCEAN-Drive # 10	602	2009 JUN 22 SECRETARY ALLAHASSE	
HALLANdAle Beach, FZ 33009 City/State and Zip Code	9	PN 4: 26 OF STATE E. FLORID	
Runwayoivala & aol-Com  E-mail address: (no be used for future annual report notification	<del>)</del>	<b>A</b>	
For further information concerning this matter, pleas	se call:		
JACQUELYN FKnight at (954) 559-5448  Name of Person Area Code & Daytime Telephone 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:			
\$25 Filing Fee	\$55 Filing Fee & Certified Co	inv	

## 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: Runwa	4 Diva33, LLC
2. (a) Principal office address of limited liability company	y:
(Note: MUST BE STREET ADDRESS)	3000 S. Ocean Orive # 1200 Hollywood, FL 33019
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	Same as Above
APRIL 15, 2009	L09000036990
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:	Jacquelyn Knight
Registered Office Address:	Hollywood, FL 3015
	SER 22
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address 2
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1945 S. Ocean To \$ 1602
	,FL <b>33 009</b>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company.  Signature of a member of authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote rwise provided in the articles of organization
Sacavelyn F Kni6#T Printed or typed name of signee	<del>_</del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.
Signature of Registered Apprit	

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