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COVER LETTER

Division of Corporations		
SUBJECT: REAL ESTAT	E TAX LIEN FUND II, LLC	
Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
Joshua W. Schrager Name of Person	·	
Real Estate Tax Lien Fund II, LLC	<u>C</u>	
200 S. Park Road, Suite 320 Address		
Hollywood, FL 33021 City/State and Zip Code		
jschrager@whalencapital.com E-mail address: (to be used for future annual report notif	ication)	
For further information concerning this matter,	please call:	
	t (<u>954</u>) <u>963-7120, Ext. 2</u>	
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 Copy	

TO: Registration Section

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.

Name of the limited liability company:Rea	I Estate Tax Lien Fund II, LLC
2. (a) Principal office address of limited liability compar	ny:
(Note: MUST BE STREET ADDRESS)	200 S. Park Road, Suite 320 Hollywood, FL 33021
(b) Mailing address of limited liability company:	ALL AR EL T
(Note: MAY BE POST OFFICE BOX)	200 S. Park Road, Suite 320 S. Hollywood, FL 33021
04/28/09	L0900004108Z
3. Date of filing/registration in Florida	4. Document number \mathbb{Q}^{ω}
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Real Estate Tax Lien Manager, LLC
Registered Office Address:	200 S. Park Road - Suite 320 Hollywood, FL 33021
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	SB MUNICIPAL, LLC
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 S. Park Road - Suite 320
MOST BE I LONIDA STREET ADDRESS	Hollywood ,FL33021
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change (of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of amender of authorized representative of a member Joshua W. Schrager Printed or typed name of signee	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability comparations of Registered Agent	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 the registered office ny has been notified in writing of this change.
Division of Corporations, P.O. Box 6 FILING FEE:	