## L09000106661

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	.#h
(Cil	y/State/Zip/Filone	#)
☐ PICK-UP	MAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
ooninea oopioo	_	
Special Instructions to	Filing Officer:	
•		
4		
		I

Office Use Only



700173797477

04/13/10--01013--028 \*\*25.00

10 APR 13 PH 12: 09

B. KOHR APR 1 6 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ			Palm Avenue, LLC I Liability Company	
Dear :	Sir or Madam:			
The e	nclosed Registered Agent/Registered	Office (	Change and fee(s) are submitted	d for filing.
Please	e return all correspondence concernin	g this m	atter to the following:	10 APA 10
	Jonathan Bloom Name of Person			(
	Bloom & Freeling Firm/Company			
	2295 NW Corporate Blvd., Sui Address	te 117		
	Boca Raton, FL 33431 City/State and Zip Code			
	jbloom@bloom-freeling.co			
For fu	rther information concerning this mat	ter, plea	se call:	
	Jonathan Bloom	at (	561 ) 864-00	00
	Name of Person	,	Area Code & Daytime Telephor	e 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 followi	ng amo	unt:	
	\$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.

agent, or both, in the State of Florida.		9).
1. Name of the limited liability company:	3193 Royal Palm Aveni	neg r <u>Ç</u>
2. (a) Principal office address of limited liability com	pany:	TO ORGAN
(Note: MUST BE STREET ADDRESS)	3193 Royal Palm Aver Miami Beach, FL 3314	וער בי בי Hut
(b) Mailing address of limited liability company:		- '. G. E.
(Note: MAY BE POST OFFICE BOX)	3193 Royal Palm Aver Miami Beach, FL 3314	nue 0
11/5/2009	L0900010	6661
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida I	Dept. of State:
Registered Agent:	Good Property Compa	ny, LLC
Registered Office Address:	4450 Nautilus Drive Miami, FL 33140	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office addr	
•	3193 Royal Palm Avenue	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		
	Miami	,FL <u>33140</u>
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be it liability company, it is hereby confirmed that the chang of the members of the limited liability company or as o or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	he Florida street address of the dentical. Or, in the case of a Fl ge(s) was/were authorized by a therwise provided in the article	registered office
Printed or typed name of signee		
I hereby accept the appointment as registered agent at comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608/F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability compositions of Registered Agent.	nd agree to act in this capacity, e proper and complete perform v position as registered agent a merely reflect a change in the vany has been notified in writin	I further agree to ance of my duties, s provided for in registered office ng of this change.
Division of Corporations, P.O. Box	k 6327, Tallahassee, FL 3231	4

**FILING FEE: \$25.00**