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MAR 1 6 2011

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	SUBJECT: William H. Stolberg, LLC Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office (Change and fee(s) are submitted for filing	g.	
Please	return all correspondence concerning this m	natter to the following:		
	Joseph M. Balocco, Esq. Name of Person			
	Joseph M. Balocco, P.A. Firm/Company			
	1323 SE Third Avenue	- 	11 MAR I SECRETA	
	Fort Lauderdale, FL 33316 City/State and Zip Code		FILEU 1 MAR 15 PM 1:27 ECRETARY OF STATE LLAHASSEE, FLORID	
E-1	mail address: (to be used for future annual report notification	on)		
For fur	ther information concerning this matter, plea	ase call:		
_Jos	seph Ralocrosta at (1) Name of Person	754 764-0005 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 amo	ount:		
ľ	\$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.

Name of the limited liability company:	William H. Stolberg, LLC			
2. (a) Principal office address of limited liability compar	ny: 110 E Broward Blvd, Suite 1540			
(Note: MUST BE STREET ADDRESS)	Fort Lauderdale, FL 33301			
(b) Mailing address of limited liability company:	110 E Broward Blvd, Suite 1540			
(Note: MAY BE POST OFFICE BOX)	Fort Lauderdale, FL 33301			
2/4/2010	L10000013656			
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 5.				
Registered Agent:	William H. Stolberg			
Registered Office Address:	110 E Broward Blvd, Suite 1540 Fort Lauderdale, FL 33301			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Drew Sattee 1605 SE 12+h Street Fort Landerdale ,FL 33316			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land 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 a member of authorized representative of a member William H. Stologa Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the production of my prochamber of the provisions of the obligations of my prochamber of the provisions of the limited liability company.	e laws of the State of Florida, it is hereby 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 by.			

Signature of Registered Agent