L10000063843

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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SEGRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJECT: Barrett Welles Property Group LLC			
		Name of Limited Liability Company	
Dear S	Sir or Madam:	•	
The e	nclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence c	oncerning this matter to the following:	
	Cathy Cas	ella	
w	Name of Person		
	c/o Barrett Welles Prop	erty Group LLC	
	Firm/Company		
	420 Royal Palm Wa	y, Suite 300	
	Address		
		·	
	Palm Beach, F		
	City/State and Zip	Code	
	ccasella@barretty -mail address: (to be used for future a	velles.com	
D	-man address. (to be used for ruture t	midal report notification)	
For fu	orther information concerning	g this matter, please call:	
		:	
	Cathy Casella	at (561) 899.2400	
	Name of Person	Area Code & Daytime Telephone Number	
	empert/coupled and	DECC. MAILING ADDRESS.	
	STREET/COURIER ADD Registration Section	RESS: MAILING ADDRESS: Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circl		
	Tallahassee, Florida 32301	• • • • • • • • • • • • • • • • • • •	
-	Enclosed is a check for the	ne following amount:	
•	\$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.

agenn) er dette indage erene et ster men	
1. Name of the limited liability company:	Barrett Welles Property Group LLC
2. (a) Principal office address of limited liability of	ompany: 420 Royal Palm Way
(Note: MUST BE STREET ADDRESS)	Suite 300 Paim Beach, FL 33480
(b) Mailing address of limited liability company	y: 420 Royal Palm Way
(Note: MAY BE POST OFFICE BOX)	Suite 300 Palm Beach, FL 33480
06/15/2010	L10000063843
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office she	own on the records of the Florida Dept. of State:
Registered Agent:	TARONE, THEODORE T.JR
Registered Office Address:	% TARONE & ASSOCIATES PLC 120 DESOTA ROAD West Palm Beach, FL 33405
(b) Enter name of <u>NEW Registered Agent</u> and	
NEW Registered Agent:	Maura A, Ziska, Esquire
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	c/o Kochman & Ziska PLC 222 Lakeview Avenue Suite 1500 West Palm Beach ,FL33401
and the business office of the registered agent will liability company, it is hereby confirmed that the c	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization company.
Signature of a member or authorized representative of a member	_/ Cathy Casell
Tom Timmons Printed or typed name of signee	/ Cathy Case 16
	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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