## L10000078769

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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SEURETARY OF STATE
AND AND SSEE FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
	•					
SUBJ	SUBJECT: Tropicana Paradise, LLC					
	Name of I	Limited	l Liabili	ty Comp	any	
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered C	Office (	Change	and fee(s	s) are submitted for filing.	
Please	return all correspondence concerning	this m	atter to	the follo	wing:	
	Brenda Di loia					
	Name of Person			<del></del>		
					•	
	Brenda Di Ioia P.A.					
	Firm/Company			<del></del>		
	4301 S Flamingo Rd, Ste 106-	151		_		
	Address					
	Davie, FL 33330					
	City/State and Zip Code					
	h.d					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	Brenda Di Ioia	at (	954	)	353-2300	
	Name of Person	_ ar (_			& Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MA	II ING A	DDDF66.	
	Registration Section		MAILING ADDRESS: Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building			Box 632		
	2661 Executive Center Circle		Tall	ahassee, I	Florida 32314	
	Tallahassee, Florida 32301					
Enclosed is a check for the following amount:						
	\$25 Filing Fee		\$5	5 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:						
2. (a) Principal office address of limited liability company	4301 N Federal Highway, Ste 1					
(Note: MUST BE STREET ADDRESS)	Pompano Beach, Fl. 33064					
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	same as principal office address					
7/27/10	L10000078769					
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:	Raul Cepero					
Registered Office Address:	1280 S Powerline Rd, Ste 20 S O Pompano Beach, FL 33069					
	FLO -					
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:					
NEW Registered Agent:	Brenda Di Ioia					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4301 S Flamingo Rd, Ste 106-151					
	Davie "FL33330					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member						
Printed or typed name of signee						
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.						
Signature of Registered Agent	•					
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00						

INHS18 (05/08)