Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H100002481593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations Fax cumber : (850)61

From:

Account Name : WNF LAW, F.L.
Account Number : 120090000040
Phone : (305)760-8500
Fax number : (305)760-8510

: WNF LAW, P.L.

: (305)760-8500

: (305)760-8510

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLOREGISTERED AGENT CHANGE LEASE FLORIDA 28 FLAGLER LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

(((Hi0000248159 3)))

	COVER LETTER		
TO: Registration Section Division of Corporation	a s		
SUBJECT:	LEASE FLORIDA 28 FLAGLER LLC		
	Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Ager	Registered Office Change and fee(s) are submitted for filing.		
Please return all corresponden	e concerning this matter to the following:		
Jacqueline			
Name of F	10 NOV	- -	
WNF LA	W, PL	4 j	
Firm/Com	SSEE FE STATE OF STAT	— T)	
201 S. Biscayne Blvd, 3	thFloor, Miami Center		
Address			
Miami, Flor			
City/State and	np Code		
jp@wnfl E-mail address: (to be used for fun	w.com		
E-mail address: (to be used for fur	re annual report notatication)		
For further information concer	ing this matter, please call:		
Jacqueline C. Po	at (305-) 760-8507		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER AS Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 3230	Registration Section Division of Corporations P.O. Box 6327 tle Tallahassee, Florida 32314		
Enclosed is a check fo	the following amount:		
\$25 Filing Fee	\$55 Filing Fee & Certified Copy		
INHS18 (5/08)	(((H10000248159 3))))	

(((H100002481593)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.4 liability company submits the following state agent, or both, in the State of Florida.	116 or 608.508, Florida Statutes, the undersigned limited ment in order to change its registered office or registered
1. Name of the limited liability company:	LEASE FLORIDA 28 FLAGLER LLC

li i		
2. (a) Principal office address	of limited liability company	: 6001 NW 153rd Street
(Note: MUST BE ST	REET ADDRESS	Miami Lakes, Fl 33014
(b) Mailing address of limi	ed liability company:	6001 NW 153rd Street
(Note: MAY BE POS	I <i>OFFICE BOX</i>)	Mjami Lakes, Fl 33014
11/08/2010		L10000115898 ,
 Date of filing/registration in 	Florida	4. Document number
5. (a) Registered Agent and R	egistered Office shown on t	he records of the Florida Depty of State:
Registered Agent:		1124 Kane Concourse
Registered Office Add	ss:	Bay Harbor Islands, FL 33154
(b) Enter name of NEW Re	gistered Agent and/or <u>NEV</u>	Registered Office address:
<u>NEW</u> Registered Agent		WNF CORPORATE SERVICES, LLC
NEW Registered Office MUST BE FLORIDA		201 South Biscayne Blvd., 34TH FLOOR
		<u>Miami.</u> ,FL <u>33131</u>
If the limited liability company confirmed that after the change and the business office of the re-	s not organized under the la or changes are made, the Flo gistered agent will be identi-	was of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of organization
of the members of the limited in the operating agree for of	ability company or as otherw timited liability company.	vise provided in the articles of organization
ignature of a member of surpos zer repre	sentative of a member	
Steve L. Wase	stein, Esq.	
Printed or typed name of signee I hereby accept the appointment of the comply with the provisions of the comply with the provisions of the complex of the c	t as registered agent and ag I statutes relative to the pro- pt the obligations of my pos- cument is being filed to mer- te limited ttability company	ree to act in this capacity. I further agree to per and complete performance of my dutles, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent		
Division of	orporations, P.O. Box 632 FILING FEE: \$2:	