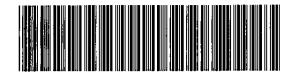
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| (Requestor's Name) | | | |
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| | | | |
| (Address) | | | |
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| (Address) | | | |
| | | | |
| (City/State/Zip/Phone #) | | | |
| | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| • | | | |
| Special Instructions to Filing Officer: | | | |
| Special financions to 1 ling Officer. | | | |
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Office Use Only



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SECRETARY OF STATE

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T. CLIM

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EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|---|--|--|--|--|
| SUBJ | UBJECT: 38th St LLC Name of Limited Liability Company | | | |
| Dear S | Sir or Madam: | | | |
| T1 | | Office Change and fee(s) are submitted for filing | | |
| i ne ei | nciosed Registered Agent/Registered | Office Change and fee(s) are submitted for filing. | | |
| Please | return all correspondence concernin | g this matter to the following: | | |
| | | | | |
| | Charlene Hovey | | | |
| | Name of Person | ······································ | | |
| | | | | |
| | 38th Street LLC | | | |
| | Firm/Company | 7.00 ≥ | | |
| | | | | |
| | 4000 0144 0 01 | SECRETARY OF STATE | | |
| | 4020 SW 2 St Address | AR SS | | |
| | Address | ₩. ~ ~ ~ | | |
| | | ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± | | |
| | Plantation, FI 33317 | OF STATES. FLORID | | |
| | City/State and Zip Code | 5 7 - | | |
| | | | | |
| | charlene hovev@comcast. | net | | |
| E- | charlene.hovey@comcast. mail address: (to be used for future annual report | notification) | | |
| For fu | rther information concerning this ma | tter, please call: | | |
| | | | | |
| | Charlene Hovey | at (954)540-4043 | | |
| | Name of Person | Area Code & Daytime Telephone Number | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| | Registration Section | Registration Section | | |
| | Division of Corporations | Division of Corporations | | |
| | Clifton Building | P.O. Box 6327 | | |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| | Tallahassee, Florida 32301 | | | |
| Enclosed is a check for the 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.

| Name of the limited liability company: | 38th Street LLC |
|---|---|
| 2. (a) Principal office address of limited liability company | 4020 SW 2 St |
| (Note: MUST BE STREET ADDRESS) | Plantation , Fl 33317 |
| (b) Mailing address of limited liability company: | 4020 SW 2 St |
| (Note: MAY BE POST OFFICE BOX) | Plantation, Fl 33317 |
| 12/20/11 | L10000130331 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on t | |
| Registered Agent: | |
| Registered Office Address: | 11380 Prosperity Rd #22 E Palm Beach Gardens 233410 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : | Charlene Hovey |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4020 SW 2 St |
| INCOLDE LOCKION STREET NOOKESSY | Plantation ,FL33317 |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | orida street address of the registered office |
| Charlene Hovey Printed or typed name of signee | - |
| I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address. I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change. |

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