L110000021506

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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J. SAULSBERRY EXAMINER MAY 3 0 2012

COVER LETTER

Registration Section

Division of Corporations		
SUBJECT: 15001 LLC Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning t	this matter to the following:	
Robert Bailey Name of Person		
Firm/Company		
401 E Las Olas Blvd Suite 130-	-521 -521	
Ft Lauderdale, FL 33301 City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE. FLORID	
goodearthpropman@earthlink. E-mail address: (to be used for future annual report no	, i → 10	
For further information concerning this matte		
Robert Bailey	at (954) 463-9099	
Name of Person	at (954) 403-9099 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 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.

1. Name of the limited liability company: 500	1 LLC		
2. (a) Principal office address of limited liability company	: 401 East Las Olas Blvd		
(Note: MUST BE STREET ADDRESS)	Suite 130-521 Ft Lauderdale, FL 33301		
(b) Mailing address of limited liability company:	401 East Las Olas Blvd		
(Note: MAY BE POST OFFICE BOX)	Suite 130-521 Ft Lauderdale, FL 33301		
2/18/11	111000021506		
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:	William PBaly JR		
Registered Office Address:	8300 Biscope Bld Mram # 33130		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent:	N Registered Office address: Robert Bailey		
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Robert Bailey 401 East Las Olas Blvd Suite 130-521		
	Ft Lauderdale ,FL 33301		
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 peresentative of a member			
Robert Bailey	_		
Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the province and I am familiar with and accept the obligations of my por Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	· · · · · · · · · · · · · · · · · · ·		
Signature of Registered Agent	27, Tallahassee, FL 32314		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

INHS18 (05/08)