

L11000045311

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: bmann@nasonyeager.com

LLC REGISTERED AGENT CHANGE DORAN FAMILY MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Doran Family Management LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2328 10th Avenue N, Suite 300

Lake Worth Beach, FL 33461

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

04/15/2011

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3. Date of filing/registration in Florida

4. Document number

5. (a) NASON, NATHAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NASON YEAGER ET AL

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3001 PGA BLVD #305

PALM BEACH GARDENS, FL 33410

(b) ARMOUR, ALAN

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NASON YEAGER ET AL

NEW Registered Office Address:

3001 PGA BLVD #305

PALM BEACH GARDENS, FL 33410

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.

Timothy M. Doran, Manager

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 605, 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
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