## 1000506/3

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(Address)					
(Addr	ess)				
(City/s	State/Zip/Phon	e #)			
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S. YOUNG

## COVER LETTER

	Registration Section	•
,, D.	Division of Corporation	n:

INHS18 (2/14)

SUBJECT:	AAOFI - Lauderdale Manor	, LLC			
	Nai	me of Limite	d Liab	lity Company	
Dear Sir or M	fadam:				
The enclosed	Registered Agent/Registered Of	fice Change	and fee	e(s) are submitted for filing.	
Please return	all correspondence concerning the	nis matter to	the fol	lowing:	
Gar Lippin	cott				
	Name of Person		<u> </u>		
Atlantic An	nerican Opportunities Fund				
	Firm/Company				
101 E. Ker	nnedy Blvd, Suite 3300				
	Address				
Tampa, FL	33602				
	City/State and Zip Code				
glippincott	@atlanticamericanpartners.	com			
E-mail	address: (to be used for future an	nual report n	otifica	tion)	
For further in	nformation concerning this matter	r, please call:	:		7 E
Gar Lippin	cott	813		318-9444	
	Name of Person		1	Area Code & Daytime Teleph	one Number
Regi: Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			STATE FLORIDA
Encl	osed is a check for the followin	g amount:			
<b>2</b> \$2	25 Filing Fee		\$55	Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR RÉGISTERED 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. Na	me of the limited liability company: AAOFI - Laud	erdale	e N	lanor, LL	.C			
2. (a)	101 E. Kennedy Blvd.	(	<b>b</b> )	101 E. K	ennedy Bl	vd.		
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `			lailing address ( <u>Note: MAY</u>	of limited liab	_	
	Suite 3300	_		Suite 330	00			
	Tampa, FL 33602	_	-	Tampa, I	FL 33602			
	April 29, 2011		L	1100005	0613			
3.	Date of filing/registration in Florida	4.			Document no	umber		
5. (a)	Robert Moreyra							
J. (u)	Registered Agent and Registered Office shown on the records of	he Floric	da I	Dept. of State:	:			
	102 W. Whiting St.							
	Registered Office Address (MUST BE FLORIDA STREET	DDRES	<u>(S)</u>	<del></del>				
	Suite 600							
	Tampa	33602	2					
	, FL	<u> </u>						
(b)								-
•	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	ess:				•
	404 E. Kannady Blyd					-12	ñ	
	101 E. Kennedy Blvd.					三层		<del>7</del> 71
	NEW Registered Office Address:					支票	<u>ہے۔</u> از ا	1 ] 
	Suite 3300			<del></del>			_ ,	Π
	<b>T</b>	2222	^			35	2	J
	Tampa , FL	33602				35	άi	
the cha agent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the lin	giste con mit	ered office npany, it is ed liability	and the busi hereby conf company or	ness office irmed that	of the the cha	registered inge(s)
	San Survey	Ga	ar	Lippincot	t			
Signa	ture of a member or authorized representative of a member				Printed or type	d name of sig	nee	
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ee to ac perform d for in hereby (	ct i nai : Cl cor	n this capa nce of my a napter 605, nfirm that t	icity. I furth luties, and I F.S. Or, if he limited lid	er agree to am familia this docum ability com	compl r with a ent is b pany h	y with the and accept seing filed as been

Signature of Registered Agent