LILOODSIAI

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status

Special Instructions to Filing Officer:

L. SELLERS

OCT 14 2011

EXAMINER



Office Use Only



900213152979

10/13/11--01013--022 **25.00

FILED
11 OCT 13 PH + SS
SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SFL Housing Name of Limite	Fund 1, LLC ed Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Dan Carless, Sr. Name of Person		
Manife of Letzon		
Coronado Realty Advisors, LLC Firm/Company		
9161 Jakes Path		
Address		
Largo, FL 33771 City/State and Zip Code		
DanC@CoronadoRealtyAdvisors.con E-mail address: (to be used for future annual report notificat	n ion)	
For further information concerning this matter, ple	ease call:	
Dan Carless, Srat (_	727) 373-9276 Area Code & Daytime Telephone Number	
Name of Person	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: 5 FL	tousing tund 1, LLC
2. (a) Principal office address of limited liability company	y: 1230 Montana Aue
(Note: MUST BE STREET ADDRESS)	Suite 202 Santa Monica, CA 90403
(b) Mailing address of limited liability company:	1230 Montana Aue
(Note: MAY BE POST OFFICE BOX)	Suite 202 Santa Monica, CA 90403
5 5 11 3. Date of filing/registration in Florida	<u>L 11 0 000 5 3 3 91</u> 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Dan Carless, Sr.
Registered Office Address:	1380 Gulf Blvd. PH 8 Clearwater Beach, FL 33767
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	W Registered Office address:
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	9161 Jakes Path Largo ,FL33771
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability 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 Dan Carless, Sr. Printed or typed name of signee I hereby accept the appointment as registered agent and a	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of an familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability company	oper and complete perform thee of my duties, sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.