L11000112711

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT.	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u>-</u>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
	,	

Office Use Only



300235037713

05/14/12--01039--004 **55.00

12 MAY 14 AM II: 56 SECRELARY OF STATE

* , , U	OVER LETTER.	
TO: Registration Section		
Division of Corporations		
· · · · · · · · · · · · · · · · · · ·	ional Center Florida, LLC	
Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Thomas Dentinger		
Name of Person		
EB-5 Regional Center Florida, I	LC	
Firm/Company		
3418 Beech Trail		
Address		
Clearwater, FL 33761		
City/State and Zip Code		
*dantia an On an anala Fasa		
tdentinger@panameb-5.com E-mail address: (to be used for future annual report no	tification)	
For further information concerning this matte	r, please call:	
Tom Dentinger	at (<u>727</u>) <u>420-8707</u>	
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 2661 Executive Center Circle	P.O. Box 6327	
Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following	g amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
_	(A)	

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: _______ EB-5 Regional Center Florida, LLC 601 Pennsylvania Ave., NW 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 900 - South Building Washington, DC 20004 601 Pennsylvania Ave., NW (b) Mailing address of limited liability company: Suite 900 - South Building (Note: MAY BE POST OFFICE BOX) Washington, DC 20004 September 30, 2011 L11000112711 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: Thomas A. Dentinger Registered Office Address: 3418 Beech Trail Clearwater, FL 33761 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: same as 5.(a) above **NEW** Registered Office Address: same as 5.(a) above (MUST BE FLORIDA STREET ADDRESS) FL 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 hability company. Signature of a member or authorized representative of a member Thomas A. Dentinger, Managing Partner Printed or typed name of signee 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 608, 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 FILING FEE: \$25.00

૽ૼ