

L11000112711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

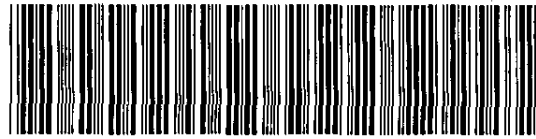
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300235037713

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

FILED
12 MAY 14 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan MAY 15 2012

COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: EB-5 Regional Center Florida, LLC
Name of Limited 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 matter to the following:

Thomas Dentinger
Name of Person

EB-5 Regional Center Florida, LLC
Firm/Company

3418 Beech Trail
Address

Clearwater, FL 33761
City/State and Zip Code

tdentinger@panameb-5.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Dentinger at (727) 420-8707
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: EB-5 Regional Center Florida, LLC

2. (a) Principal office address of limited liability company: 601 Pennsylvania Ave., NW

(Note: MUST BE STREET ADDRESS)

Suite 900 - South Building
Washington, DC 20004

(b) Mailing address of limited liability company: 601 Pennsylvania Ave., NW

(Note: MAY BE POST OFFICE BOX)

Suite 900 - South Building
Washington, DC 20004

September 30, 2011
3. Date of filing/registration in Florida

L11000112711
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

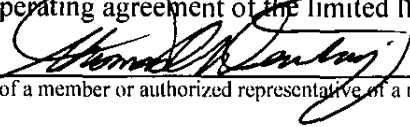
FILED
 12 MAY 14 AM 11:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: same as 5.(a) above

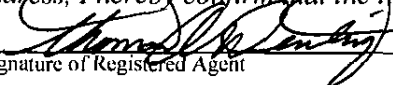
NEW Registered Office Address: same as 5.(a) above
(MUST BE FLORIDA STREET ADDRESS)

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 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