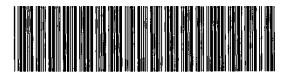
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☐ PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: South Florida Short Sale Alternative, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	_	
<i>,</i> •		
Betty M Clark		
Name of Person		
Soth Florida Short Sale Alternative, L	<u>LC</u>	
22511 SW 66th Avenue # 301 Address		
Boca Raton FI 33428 City/State and Zip Code		
bettycla@msn.com E-mail address: (to be used for future annual report notific	ation)	
For further information concerning this matter, p	please call:	
Betty Clark at	(954) _ 328-1292	
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 a	mount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (5/08)

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: South Flo	orida Short Sale Alternative, LLC
2. (a) Principal office address of limited liability company	: 9430 Boca Cove Cir # 214
(Note: MUST BE STREET ADDRESS)	Boca Raton Fl 33428
(b) Mailing address of limited liability company:	TALES TO
(Note: MAY BE POST OFFICE BOX)	
October 20, 2011	L11000120049
3. Date of filing/registration in Florida	4. Document number $\frac{2}{5}$
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept of State:
Registered Agent:	Albert O Mazmanian
Registered Office Address:	9430 Boca Cove Cir # 214 Boca Raton FI 33428
NEW Registered Agent: NEW Registered Office Address:	Betty M. Clark 22511 SW 66th Avenue # 301
<u>(MUST BE FLORIDA STREET ADDRESS)</u>	
	Boca Raton ,FL33428
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl 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	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee	_
I have by account the appointment as registered agent and a	aree to act in this canacity. I further agree to
comply with the provisions of all statutes relative to the production of the provisions of all statutes relative to the product and I am 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	spec to det in this capacity. I fit ther affect to sition as registered agent as provided for in rely reflect a change in the registered office whas been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Pegistered Agent