## L12000011977

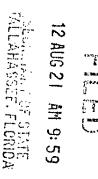
(Requestor's Name)				
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B. BOSTICK
AUG 2 2 2012
EXAMINER

## **COVER LETTER**

Division of Corporations	Y		
ROSEN	N FL HOLDINGS LLC		
SUBJECT: Name of Li	mited Liability Company		
Dear Sir or Madam:			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing	g.	
Please return all correspondence concerning the	his matter to the following:		
RAMI ROSEN			
Name of Person			
Firm/Company			
		<b>7</b>	
1550 BRICKELL AVE #A307		AUG	400mm
Address	<u>ن</u> ر	60	1
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MIAMLFL 33129			i g ij i maza
City/State and Zip Code	.ORI	AM 10: 00	
	D.A.	M 9	
E-mail addless & B. B. B. B. M.	tification)		
For further information concerning this matter	r, please call:		
RAMI ROSEN	at () 646 Area Code & Daytime 465 ind in Sumber		
· ··Name of Person	Area Coue & Daytime recognore Hamoer		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	g amount:		
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
<b>✓</b>			
INHS18 (5/08)	<b>—</b>		

## 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.

ROSEN FL HOLDINGS LLC

Name of the limited liability company:	2500 HOLLYWOOD BLVD	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	SUITE 201 HOLLYWOOD FL 33020	
(b) Mailing address of limited liability company:	SAME	
(Note: MAY BE POST OFFICE BOX)	·	
1/12/2012	L1200001197	
3. Date of filing/registration in Florida 4	. Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Depti-of State:	
Registered Agent:	RAMI ROSEN S 2	
	4 COVENTRY WAY WILTON MANORS FL 33305	
-		
(b) Enter name of NEW Registered Agent and/or NEW		
NEW Registered Agent:	RAMLROSEN	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1550 BRICKELL AVE #A307	
-	MIAMI ,FL 33129	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the busidess office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agreement of the limited liability company with the provisions of all statutes relative to the propand I am familiar with and fixeppt the obligations of my positional am familiar with and fixeppt the obligations of my positional confirmation that the limited liability company is address, I hereby confirmation the limited liability company is	rida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote rise provided in the articles of organization are to act in this capacity. I further agree to the rand complete performance of my duties, then as registered agent as provided for in the registered office.	
Signature of Registered Agent		