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D. ERUCE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: CEDARBROOK PARTNERS 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:

Daniel Z. Averbook

Name of Person

Cedarbrook Partners Florida LLC

Firm/Company

PO Box 880268

Address

Boca Raton, FL 33488-0268

City/State and Zip Code

dza456@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Z. Averbook

...305

785-0067

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

2013 OCT -7 PM 1:

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. N	ame of the limited liability company: Cedarbrook Partners Fl	orida LLC				
2. (a) Principal office address of limited liability co						
	(Note: MUST BE STREET ADDRESS)	Boca Raton,	FL 33433-4917			
(l	Mailing address of limited liability company:	PO Box 8802				
	(Note: MAY BE POST OFFICE BOX)	Boca Raton,	FL 33488-0268			
April 2	. 2012	L1200004143	34			
3. D	ate of filing/registration in Florida	4. Docum	nent number			
5. (a) Registered Agent and Registered Office shown on	the record	s of the Florida	a Dept. of	State:	:
	Registered Agent:	Daniel Z. Ave	erbook			
Registered Office Address:		4555 N. Meri	dian Ave			
	· ·	Miami Beach	, FL 33140			
(ł	b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registe	red Office ad	dress	2843 0	
`			Z. AVERBO	35 (E)	007 -	entrango Silatan
	NEW Registered Agent:	<i>y</i>	a. Arende	m <	_	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	22351 Guade	eloupe Street		<u> </u>	
	MUST BE FLORIDA STREET ADDRESS	Boca Raton		<u> </u>	, 394 33-	4917
conf and t liabi the n	e limited liability company is not organized under the firmed that after the change or changes are made, the Fishe business office of the registered agent will be identified company, it is hereby confirmed that the change(s nembers of the limited liability company or as otherwise perating agreement of the limited liability company.	lorida stre ical. Or, i) was/were	et address of the n the case of a e authorized by	he register Florida lii an affirm	ed off mited ative	vote of
Printe	Z. Averbook In a display the appointment as registered agent and a color with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of the obligations of my pooter 508, F.S. Or, if this document is being filed to me ess. I hereby confirm that the limited liability compan	– egree to ac oper and c sition as r	t in this capac complete perfo egistered ager	ity. I furth rmance of it as provi	ier ag my di ded fo	ree to uties, or in
_addr	ess. I hereby confirm that the limited liability compan	y has been	notified in wr	iting of thi	is chấ	nge.

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

Signature of Registered Agent