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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
5055011	PROPERTIES, LL d 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 m	natter to the following:
JEREL FRIEL	DMAN
FRIEDMAN PROT	ERTIES, LLC
	R DEN DRIVE
RUSKIN, FLOR City/State and Zip Code	111A 33570
TERRYMAIL & H	OTMAIL, COM
For further information concerning this matter, ple	ase call:
JEREL FRIEDMAN at (_	703) 447-2262 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 amo	ount:
\$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.

Name of the limited liability company: _	FRIEDMAN	PROPE	RTIES,	LLC
2. (a) Principal office address of limited lia	bility company: FR	IEDMAN		
(Note: MUST BE STREET ADDR	<u>Rusici</u> 13/0	PARKER N, FLOR	DEN D	RIVE 570
(b) Mailing address of limited liability co	ompany: FRIEDM	1AN PRO	PERTIES,	, LLC
(Note: MAY BE POST OFFICE B	$\frac{13/\delta}{R}$	PARKER, FLORID,	<u>DEN</u> DA	RIVE
5/4/12		0006082	,	
3. Date of filing/registration in Florida	4. Docume	nt number	<u>.</u>	
5. (a) Registered Agent and Registered Off		,		
Registered Agent:		ATION SE		
Registered Office Address:	1201 TALLA	HAYS HASSEE,	STREET FL 323	,0/
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET AD	DDRESS)	PARKER RUSKIN	DEN DR	RIVE
Printed or typed name of signee	EMBER RIEDMAN	ISEE, FLORIDA	LED 6 PM 3: 56	
I hereby accept the appointment as registere comply with the provisions of all statutes reland I am familiar with and accept the obligation of the comment is beloadress, I hereby confirm that the limited lia	zu ageni ana agree to act i ative to the proper and con titions of my position as reg ing filed to merely reflect o ibility company has been n	n inis capacity. I nplete performand istered agent as p a change in the reg	juriner agree to ce of my duties, rovided for in gistered office of this change	

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