L1200062443

(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:	7



05/23/12--01009--006 **25.00





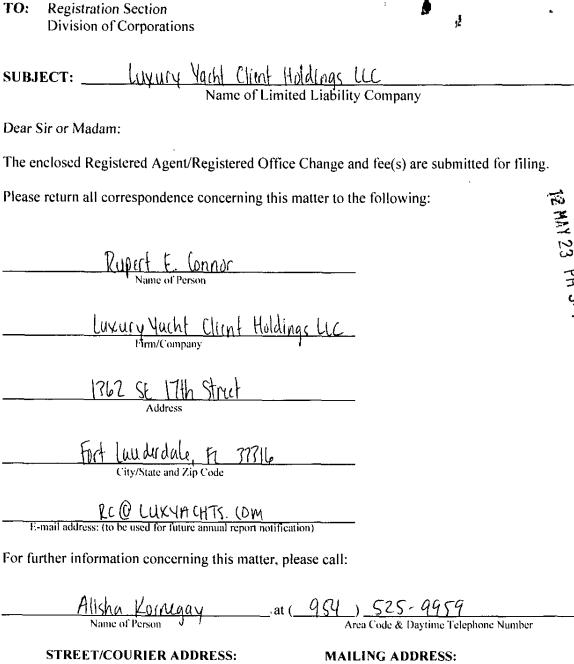
Office Use Only

B. KOHR

MAY 2 4 2012

EXAMINER

COVER LETTER



Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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
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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: Luxury 10	cht Client Holding's LCC
2. (a) Principal office address of limited liability company	: 1762 SE 17th Street
(Note: MUST BE STREET ADDRESS)	Fort Lunderdale, FL 77316
(b) Mailing address of limited liability company:	1362 SE 17th Street
(Note: MAY BE POST OFFICE BOX)	Fort landerdal, Fl 37316
5-8-12	L12000062143 3
3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on the	he records of the Florida Dept. of State
Registered Agent:	Rupert E. Connor =
Registered Office Address:	641 Coconut Palm Terrace Plantation, Fz 73724
NEW Registered Agent:	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Office address:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1362 SE 17th Struct
(MOST BE FLORIDA STREET ADDRESS)	.FL_ 773/6
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee	
I hereby accept the appointment as registered agent and ageomply with the provisions of all statutes relative to the propagate of the propagat	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office 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

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