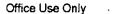
## 115000 102 603

(Re	equestor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	<i>→</i> #)			
<u> </u>	WAIT				
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Special Instructions to Filing Officer:					
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## **RECEIVED**

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ALLANASSEL TLORIS

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations			
SUBJECT:	880 10TH AVENUE SOUTH	LLC		
SUBSECT.	Name	of Limited Li	ability Company	
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.	
Please return	n all correspondence concerning this	matter to the	following:	
JIM D. SH	IUMAKE			
	Name of Person			7
JIM D. SH	HUMAKE, ATTORNEY AT LAV	V		生 温
	Firm/Company			SERVE
900 6TH A	AVENUE S., STE. 202			F. 0:3
	Address		_	
NAPLES,	FL 34102			
	City/State and Zip Code		<del></del>	
jdshumak	elaw@yahoo.com			
E-mail	address: (to be used for future annu	al report notifi	cation)	
For further i	nformation concerning this matter, p	olease call:		
JIM D. SH	UMAKE	239 _ at (	643-5858	
	Name of Person		Area Code & Daytime Telep	none Number
Regi Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations D. Box 6327 lahassee, Florida 32314	
Enc	losed is a check for the following	amount:		
<b>2</b> \$	25 Filing Fee	<b>□</b> \$5	5 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 605.0114 or 605.0116, 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: 880 10TH A	VENUE	S	OUTH, L	LC			· · · · · · · · · · · · · · · · · · ·
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	('	_ ر	Ma	_	of limited liab		
	4101 NE 34TH AVE	_	4	1101 NE	34TH AV	Έ		
	FT LAUDERDALE, FL 33308	<u> </u>	F	T LAUD	ERDALE,	, FL 33308	3	
	06/09/2008		L	15000102	2603			
3.	Date of filing/registration in Florida	4.		Ī	Document n	number		
5. (a)								
,	Registered Agent and Registered Office shown on the records of VITO PLANO	the Florida	la D	ept. of State:		ing No. 1	<del>.</del>	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>S)</u>				Š	436.05 E-38T
	4101 NE 34th Ave.						3	l l
	FT Lauderdale	33308	}			TO ELEVELY STORY	ر ت	A Property of
	, ri-	<u> </u>	-	· · ·		- <u> </u>	Ū	
(b)						- En	ربر	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldre	258:		. 5.	لب	
	CLIFFORD J. BUSSELL							
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·				
	2270 COACH HOUSE LANE							
	NAPLES , FL	34105	5					
the cha agent was/we the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited amount of the law of a member or amount of the law of a member or amount of the law of a member of the law of the la	the reginability confirmation of the limited l	iste om nite lial	red office a pany, it is ed liability bility comp CLIFFO	and the bus hereby conficement of company of company.  Line But Printed or type city. I furth	iness office firmed that the ras otherwise SELL ed name of sign	of th he ch se pro	e registered nange(s) ovided in
provis the obt to mer notifie	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	perform d for in ( hereby c	ian Chi conj	ce of my di apter 605, firm that th	uties, änd I F.S. Or, if ae limited li	am familiar this docume ability comp	with int is cany	and accept being filed has been
	Company Julian		_	m	<b>DV</b> 445	• •		
	Division of Corporations ◆ P.O. I	Box 632'	7●	I allahass	ee, FL <b>323</b> 1	14		

FILING FEE: \$25.00

INHS18 (2/14)