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D. BRUCE

AUG 6 2008

**EXAMINER** 

## COVER LETTER

Division of Corporations			
SUBJECT: CARF REALTY 1998, L.L.C. (Name of Limit	ited Liability Company)	-	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this m	atter to the following:		
Linda S. Rudy			
(Name of Person)		_	
	750	08 AUG -5	en ja
TAX SERV, LLC (Firm/Company)		F	C1.00-0000
(	SSC SSC EFF	က်	
1665 Palm Beach Lakes Blvd. , Suite 730	The Figure		
(Address)	HASSEE, FLORID	AM 11: 23	
West Dalm Booch El 22404	D. <sup>π</sup>	w	
West Palm Beach, FL 33401 (City/State and Zip Code)	<del></del>		
For further information concerning this matter, ple	ease call:		
Linda S. Rudy at (	561 ) 682-0877		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

TO: Registration Section

## 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: <u>CARF F</u>	REALTY 1998, L.L.C.	
2. (a) Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS)	ompany: 1665 PALM BEACH LAKES BLVD SUITE 730	
	WEST PALM BEACH FL 33401	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	:	
01/11/1999	L9900000169	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:	
Registered Agent:	CT CORPORATION SYSTEM ASS	
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
	<u> </u>	
(b) Enter name of <b>NEW Registered Agent</b> and/o	or NEW Registered Office address:	
NEW Registered Agent:	James P. Paul, Esq.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS	3030 Rosewood Court	
	Davie ,FL <u>33328</u>	
that after the change or changes are made, the Florida office of the registered agent will be identical. Or, in	der the laws of the State of Florida, it is hereby confirm da street address of the registered office and the busines in the case of a Florida limited liability company, it is prized by an affirmative vote of the members of the limit ticles of organization or the operating agreement of the	SS
Linda S. Rudy (Printed or typed name of signee)	<del></del>	t
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to am familiar with and accept the obligations of my perf. S. Or, if this document is being filed to merely reflections that the limited liability company has been not been to be a confirm that the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the liability company has been not be a confirmal to the liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability company has been not be a confirmal to the limited liability liability.	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, ar osition as registered agent as provided for in Chapter flect a change in the registered office address, I hereby notified in writing of this change.	ıd I 608,
(Signature of Registered Agent)	-	

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