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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Name)			
	emoco emily mamo,			
				
(Do	cument Number)			
Certified Copies	_ Certificates of	Status		
Consist Instructions to	Filing Offiner	-		
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COVER LETTER

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×	325 Filing Fee	□ \$ 5	5 Filing Fee & Certified Copy
Enc	closed is a check for the following	amount:	
). Box 6327 lahassee. FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Reg Div	iling Address: gistration Section vision of Corporations		Street Address: Registration Section Division of Corporations
	Name of Person		Area Code & Daytime Telephone Number
kevin coffey		954 at (336-7900
For further	information concerning this matter.	please call:	
E-mai	l address: (to be used for future annu	ual report notifi	cation)
kevin@madi	isonrealtyinvestors.com		
	City/State and Zip Code		
Ft. Lauderda	ile, FL 33315		
	Address	·	
1337 Avoca	do Isle		
	Firm/Company		
Madison Rea	alty Investors, LLC		
	Name of Person		
Kevin Coffe	у		
riease retur	n all correspondence concerning thi	s matter to the t	ollowing:
	d Registered Agent/Registered Offi	-	•
Dear Sir or			
D C'		e of Limited Li	ability Company
SUBJECT:		611 1 111	12. 6
יוכו	·		
-	ision of Corporations		

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: Madison Realty l	Investors	, LLC	
2. (a)			(b)	
ν,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1337 Avocado Isle		1337 Avoc	cado Isle
	Ft Lauderdale, FL 33315	<u> </u>	Ft Lauderd	lale, FL 33315
	10/22/1999		1.990000071	113
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Kevin M Coffey			
J. (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	- e:
	Kevin M Coffey			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	-
	1215 SE 2nd Ave, Suite 201, FL 33316			
	Ft Lauderdale	33316		-
	. Fi	J.J.J.10		-
(l-X				n D
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	iddress:	aper 13
				
	Gerald Schilian, Esq.			F1510: 00
	NEW Registered Office Address:		 -	- 5
	7000 W. Palmetto Pk. Rd. Suite 210			0(
				_
	Boca Raton, FI	33433		_
agent was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	e registe ability of of the li limited	red office and company, it is mited liability liability com	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		evin M Coffey	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address. I d in writing of this change.	nertori	nance of my a	acity. I further agree to comply with the hules, and I am familiar with and accept
· · · Elimit				