

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Filorie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Codifical Course			
Certified Copies Certificates of Status			
Consideration to Elliss Office			
Special Instructions to Filing Officer:			

Office Use Only

G. MCLEOD

JUN 28 2012

**EXAMINER** 



700236228177

06/25/12--01038--021 \*\*25.00

SECRETARY OF STATE ALLAHASSEE, FLORID,



TO: Registration Section

## **COVER LETTER**

Division of Corporations			
SUBJECT:	ELIAS PROPER	RTIES NORTH LAUDERDALE, LLC	
	Name of	f Limited Liability Company	
Dear Sir or Madan	1:		
The enclosed Regi	stered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please return all co	orrespondence concernin	ng this matter to the following:	
	JODY CROWLEY Name of Person	<del></del>	
CORPOR	ATE SERVICE BURE Firm/Company	EAU INC.	
283 \	NASHINGTON AVEN	IUE	
	ALBANY/NY 12206 City/State and Zip Code	<del></del>	
jVC(	©corporatebureau.col	m rt notification)	
For further informa	ation concerning this ma	atter, please call:	
JODY	CROWLEY	at ( 518 ) 463-8550	
Name	e of Person	Area Code & Daytime Telephone Number	
Registration Division of Clifton Build 2661 Execut	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is	a check for the follow	ing amount:	
<b>√</b> \$25 Filir	g 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.

agent, or both, in the blane of 1 tornas.	
1. Name of the limited liability company: <u>ELIAS PRO</u>	PERTIES NORTH LAUDERDALE, U
2. (a) Principal office address of limited liability company	500 NORTH BROADWAY
(Note: MUST BE STREET ADDRESS)	JERICHO NY 11753
`(b) Mailing address of limited liability company:	500 NORTH BROADWAY
(Note: MAY BE POST OFFICE BOX)	JERICHO NNY 11753
04/12/2001	M0100000835
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	•
Registered Agent:	CORPORATE SERVICE BUREAU INC.
Registered Office Address:	515 EAST PARK AVE. TALLAHASSEE FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	CORPORATE SERVICE BUREAU INC.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1540 GLENWAY DRIVE
	TALLAHASSE TIPL 32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of a member or authorized representative of a member	lorida street address of the registered office in ical. Or, in the case of a Florida limited
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proand I am familiar with and accept the eligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to provide the complete performance of my duty stition as registered agent as provided for rely reflect a change in the registered of this change in writing of this change in writing of this change in writing of the change in writing writing in writing writ
Signature of Registered Agent	
Division of Corporations, P.O. Box 63 FILING FEE: \$2	· · · · · · · · · · · · · · · · · · ·

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1. Name of the limited liability company: ELIAS PRO	OPERTIES NORTH LAUDERDALE, LLC
2. (a) Principal office address of limited liability compan	y: 500 NORTH BROADWAY
(Note: MUST BE STREET ADDRESS)	JERICHO NY 11753
'(b) Mailing address of limited liability company:	500 NORTH BROADWAY
(Note: MAY BE POST OFFICE BOX)	JERICHO NNY 11753
04/12/2001	M0100000835
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	CORPORATE SERVICE BUREAU INC.
Registered Office Address:	515 EAST PARK AVE. TALLAHASSEE FL 32301
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	CORPORATE SERVICE BUREAU INC.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden	Iaws of the State of Florida, it is hereby florida street address of the registered office tical. Or, in the case of a Florida limited
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Signature of a member or authorized representative of a member  MayTiN FLICE	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.

Signature of Registered Agent