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J. BRYAN

JAN 28 2008

**EXAMINER** 

## PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

## TRANSMITTAL LETTER

January 18, 2008

RE:	SOHO Condominium Development, LLC		
TO:	Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	0	PIV.
RE:	Maggie Ferdinand – <u>maggie@paranetlegal.com</u> Paranet Job No. 08-01-0021	8 JEN	SECRET VISION O
Please 1. 2.	file/submit the following on behalf of the above:  Change of Agent Application for each of the above Check No. 90266 Amount \$25.00	25 AM 11: 58	ARY OF STATE OF CORPORATIONS

After filing return evidence by:

- . Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

## \* 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. The name of the limited liability compar	y is: SOHO CONDOMINIUM DEVELOPMENT, LLC	
2. The mailing address of the limited liabil:	ity company is:	
4401 NORTHSIDE PKWY., SUITE 800, ATLAN	NTA, GA 30327	
6/8/2005	M05000003102	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the	
CT Corporation S	vstem	
	Name	
1200 South Pine I	sland Road	
1200 004411 1110	Address 08 Visit	
Plantation, FL_33	324 J 50	
Flantation, 1 E 35	City. State and Zin	
6. The name and address of the new registered agent and/or office:		
	Name  Name  Suite Prive Suite 4	
NRAI Services, Inc	Name STATE  Name  ork Drive, Suite 4  STATE  ORAS  NAME  ORAS  ORA	
	Name	
2731 Executive Pa	ark Drive, Suite 4	
Florida street ad	Idress (P.O. Box NOT acceptable)	
Weston	FL 33331	
C	ity, State and Zip	
confirmed that after the change or changes and the business office of the registered age liability company, it is hereby confirmed the		
Sherry W. Cohen		
(Printed or typed name of signee)		
I hereby accept the appointment as register comply with the provisions of all statutes reand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited line NRAI Services. Inc.  (Signature of Registered Agents	red agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.	
Maggie Ferdinand	is, P.O. Box 6327, Tallahassee, FL 32314	
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**FILING FEE: \$25.00**