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| (Re | equestor's Name) | |
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| (Ad | ldress) | |
| (Ad | ldress) | . |
| . (Cit | ty/State/Zip/Phone | e #) |
| - PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
ANASSEE, FLORIDA

J. BRYAN

MAR 1 2 2009

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: MORNINGSIDE FLORIDA (Name of I | A, LLC Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Offi | ice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning thi | s matter to the following: | |
| • | | |
| DÁNIEL MARZANO | 7 | |
| (Name of Person) | O9 MAR 11 AM 11:41 SECRETARY OF STATE FALL AHASSEE, FLORID | |
| COSCULLUELA & MARZANO, P.A. | TARY | |
| (Firm/Company) | me a n | |
| | F's = C | |
| 14211 COMMERCE WAY, STE 300 | OF STATE | |
| (Address) | | |
| MIAMILAKES, FL 33016 | | |
| (City/State and Zip Code) | | |
| (, | | |
| For further information concerning this matter, | please call: | |
| DANIEL MARZANO a | t (305) 817-2170 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | |
| Enclosed is a check for the following a | amount: | |
| ☑ \$25 Filing 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.

| 1. Name of the limited liability company: MORNING | SSIDE FLORIDA, LLC |
|--|--|
| 2. (a) Principal office address of limited liability compare (<i>Note: MUST BE STREET ADDRESS</i>) | ny: 110 E. BROWARD BLVD SUITE 1700 Ft. Lauderdale, FL 33011 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 110 E. Broward Blvd Suite 1700 Ft. Lauderdale, FL 33301 |
| 08/15/2005 3. Date of filing/registration in Florida | M05000004508 4. Document number |
| 5. (a) Registered Agent and Registered Office shown or | n the records of the Florida Dept. of State |
| Registered Agent: | NRAI Services, INC. |
| Registered Office Address: | 2731 Executive Park Drive. Suite 4 Westin, FL 33331 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> | EW Registered Office address: |
| NEW Registered Agent: | Cosculluela & Marzano, P.A. |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 14211 Commerce Way Suite 300 Miami Lakes FL 33016 |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or authorized representative of a member) | cet address of the registered office and the business case of a Florida limited liability company, it is |
| (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 pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification. | agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change. |

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

INHS18 (05/08)