## M0000002635

(Req	uestor's Name)				
(Address)					
(Add	ress)	•			
(City	/State/Zip/Phone	#)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Doc	ument Number)	· · · · · · · · · · · · · · · · · · ·			
Certified Copies	Certificates of	of Status			
Special Instructions to F	iling Officer:	· · ·			
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Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations					
Division of Corporations					
SUBJECT: MELBOURNE PARTNERS PRO	PERTIES LLO	c			
		ability Company)			
Dear Sir.or Madam:					
The enclosed Registered Agent/Registered	Office Char	inge and fee(s) are submitted for filin	g.		
Please return all correspondence concernin	g this matte	er to the following:			
•					
. •		•			
Isaac Foster	· · · · · · · · · · · · · · · · · · ·				
(Name of Person)		<u>.</u>			
Melbourne Partners LLC					
(Firm/Company)		t 5-	-ec v4		
7801 Ellis Road, Suite A					
(Address)	<u> </u>				
West Melbourne, FL 32904					
(City/State and Zip Code)		<del></del>			
For further information concerning this ma	tter, please	call:			
Isaac Foster.	at ( <u></u>	728-1580			
(Name of Person)		(Area Code & Daytime Telephor	ie Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building	P.O. Box 6327				
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314				
Enclosed is a check for the follow	ing amount	t:			
\$25 Filing Fee	\$55 Filing Fee & Certified Copy				

INHS18 (8/05)

## • 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.

7	•			
1. The name of the limite	ed liability company is	: MELBOURNI	E PARTNERS PROPERT	IES LLC
2. The mailing address o	f the limited liability of	company is: _7	801 Ellis Road, Suite A	
West Melbourne, FL 32904				
				·
05/11/2006		_	M06000002635	
3. Date of filing/registrat	ion in Florida	. 4	. Document number	
5. The name of the register Florida Department of		istered office a	ddress as shown on the	e records of the
		Isaac Foster	5 - 1/4 MARKET 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	•
		Name		
	1901 S. Hai	rbor City Blvd, Su	ite 640	
		Address		
		bourne, FL 32901		
	City	, State and Zip	_	
6. The name and address	of the new registered a	agent and/or of	fice:	
	,	Isaac Foster		
		Name	<u> </u>	
	7801 E	Ilis Road, Suite A		
	Florida street addres	ss (P.O. Box N	OT acceptable)	
	West Melbourne	FL	32904	
	City,	State and Zip		<del></del>
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement	hange or changes are in the registered agent we reby confirmed that the inited liability company	made, the Floric vill be identical ne change(s) wa y or as otherwis	da street address of the Or, in the case of a l	e registered office Florida limited
(Signature of a member or author	ized representative of a mem	ber)		
Isaac Foster, Member				
(Printed or typed name of signee)	)			
I hereby accept the apportional comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered a is of all statules relativ d accept the obligatio this document is being that the limited liabil	agent and agre ve to the propei ns of my position illed to merely ity company ha	e to act in this capacit c and complete perfori on as registered agent creflect a change in th s been notified in writ	y. I further agree to mance of me duties, as provided for his as registere office the ting of this mange 22
(Signature of Registered Agent)				F A
	m of Coumoustisms D	O Don 6227	Tellehesss DI 222	
DIVISIO	on of Corporations, P FILIN	'.O. Box 6327, NG FEE: \$25.0		F ST

INHS18 (8/05)