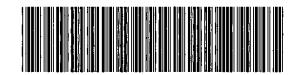
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| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
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| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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FILED PM 2: 22 SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS OCT - 2 2009 EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| | | |
| SUBJECT: P&R | CONDO, LLC | |
| Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. | |
| Discourse the second of the se | | |
| Please return all correspondence concerning this matter to the following: | | |
| | | |
| Pat Tarsey | | |
| Name of Person | | |
| | | |
| | | |
| Firm/Company | | |
| | | |
| 3200 N. Ocean Blvd. #1409 | | |
| . Address : | | |
| | | |
| Ft. Lauderdale, FL 3308 City/State and Zip Code | | |
| Chyronae and 23p Civic | | |
| ladvlaw@mindspring.com | | |
| ladylaw@mindspring.com E-mail address: (to be used for future annual report notificat | ion) | |
| For further information concerning this matter, please call: | | |
| | | |
| Pat Tarsey at (| 954) 306-3444 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | |
| Tallahassee, Florida 32301 | | |
| Enclosed is a check for the following amount: | | |
| S25 Filing Fee | S55 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.

| 450.11, 0. 001.11, 1.7 1.10 Diate of 1 10.1441. | |
|---|--|
| Name of the limited liability company: | P & R CONDO, LLC |
| 2. (a) Principal office address of limited liability compan | y: |
| (Note: MUST BE STREET ADDRESS) | 3200 N. Ocean Blvd. #1409 Ft. Lauderdale, FL 33308 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | 3200 N. Ocean Blvd. #1409 Ft. Lauderdale, FL 33308 |
| 11/20/2008 | M08000005121 |
| 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: | Capitol Corporate Services |
| Registered Office Address: | 155 Office Plaza Drive, Suite A Tallahassee, FL 32301 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : | W Registered Office address: OFF STATE 22 |
| NEW Registered Office Address: | P. Tarsey/ P& R Condo LLC |
| (MUST BE FLORIDA STREET ADDRESS) | 3200 N. Ocean Blvd. #1409 Ft. Lauderdale ,FL 33308 |
| 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 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 of authorized representative of a member | Florida street address of the registered office stical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote straightful the articles of organization |
| Printed or typed name of signed | _ |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my particular to the companies of the | 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 Reent Division of Corporations, P.O. Box 63 | 277 Tallahassaa El 27214 |
| Division of Corporations, r.O. Dox of | 741, 1 ananassee, fl. 34314 |

FILING FEE: \$25.00