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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJI	DADELAND INVESTORS	LLC			
.,01,,1	·	Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Of	fice Change and fee	e(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to the fol	lowing:		
AMB	ER LYNN COLEMAN, ESQ.				
	Name of Person				
	Firm/Company				
424 L	UNA BELLA LANE, SUITE 122				
	Address				
NEW	SMYRNA BEACH, FL 32168				
	City/State and Zip Code				
ACO	LEMAN@GEOSAM.CA				
¶.	-mail address: (to be used for future ar	inual report notifica	tion)		
For fur	ther information concerning this matte	r, please call:			
AMBI	ER LYNN COLEMAN, ESQ.	386 at (428-8448 EXT 109		
	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	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314		
	Enclosed is a check for the following 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 605.0114 or 605.0116. 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. Na	ame of the limited liability company: DADELAND	INVESTORS	LLC	
2. (a)	7280 SW 90TH ST	(b) 7280 SW 90TH ST		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	E206	E206	5	
	MIAMI, FL 33156	MIAN	ЛI, FL 33156	
	11/03/2009	M090	00004325	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	STOWERS, JAMES A			
. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:	
	424 LUNA BELLA LANE			
	Registered Office Address (MUST BE FLORIDA STREET)	AD <u>DRESS)</u>	2019	
	STE 122			
	NEW SMYRNA BEACH .FL	32168	JAN 24	
(b)	AMBER LYNN COLEMAN, ESQ.		—	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:		
	424 LUNA BELLA LANE, SUITE 122		34	
	NEW Registered Office Address:			
	NEW SMYRNA BEACH , FL	32168		
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered o ability company of the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ve to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signatu	re of Registered Agent			