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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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PILED 2011 AUG 12 AN 10: 49 SECRETARY OF STATE

J. SAULSBERRY EXAMINER

AUG 15 2011

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------|---|
| SUBJ | | ociation Rome of Limite | | - Florida, LLC Company | | |
| Dear S | Sir or Madam: | | | | | |
| The e | nclosed Registered Agent/Regis | stered Office | Change and | d fee(s) are submitte | d for filing. | |
| Please | return all correspondence con | cerning this n | natter to the | following: | | |
| | William G. Simo | ons | | | | |
| | Name of Person | | | | | |
| | Association Reserves - F | florida, LLC | · | | 7, | |
| | 80 SW 8th Street, Su | ite 2000 | · · · | · | MII AUG 12 SECRETARY ALLAHASSE | 7 |
| | Address | | | | rri 🗕 | |
| | Miami, FL 3313 City/State and Zip Code | | * | i i i i i i i i i i i i i i i i i i i | AM 10: 49 Of State S. Florida | |
| E- | wsimons@reservestu | udy.com al report notificati | on) | | | |
| For fu | rther information concerning th | nis matter, ple | ase call: | | | |
| | William G. Simons Name of Person | at (_ | 800) Area | 403-90 Code & Daytime Telepho | | |
| | STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | | Registra Division P.O. Bo Tallaha | NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314 | | |
| | Enclosed is a check for the f | ollowing amo | | | | |
| | \$25 Filing Fee | | \$55 F | iling Fee & Certifie | d Copy | |

INHS18 (5/08)

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.

| Name of the limited liability company:ASSO | Association Reserves - Florida, LLC | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 2. (a) Principal office address of limited liability compar | ny: 80 SW 8th Street, Suite 2000 | | | |
| (Note: MUST BE STREET ADDRESS) | Miami, FL 33130 | | | |
| (b) Mailing address of limited liability company: | 80 SW 8th Street, Suite 2000 | | | |
| (Note: MAY BE POST OFFICE BOX) | Miami, FL 33130 | | | |
| 8/26/2010 | M10000003784 | | | |
| 3. Date of filing/registration in Florida | 4. Document number | | | |
| 5. (a) Registered Agent and Registered Office shown or | • | | | |
| Registered Agent: | Paracorp Incorporated | | | |
| Registered Office Address: | 236 E. 6th Ave Tallahassee, FL 32303 | | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | | | | |
| NEW Registered Agent: | William G. Simons | | | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 80 SW 8th Street Suite 2000 Miami ,FL 33130 | | | |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member with the provisions of all statutes relative to the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of all statutes relative to the product of the provisions of the limited liability company. Signature of Registered Agent | Florida street address of the registered effice nitical. Or, in the case of a Florida Timized s) was/were authorized by an address vote rewise provided in the articles of Organ Fation by. SEE OF STATE OF | | | |
| Signature of Registered Agent | | | | |

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