# M1200000451

(Requestor's Name)		
(Address)		
, (Ac	ddress)	
(Ci	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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Special Instructions to	Filing Officer:	





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## WIGDER INVESTMENT GROUP, LLC

5301 N. FEDERAL HIGHWAY, SUITE 220 BOCA RATON, FL 33487-4917 Toll free: 888.941.9941 Direct: 561.674.0001- Fax: 954.337.9270

May 3, 2012

#### **VIA FEDERAL EXPRESS**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Registered Office Change

To Whom It May Concern:

Enclosed please find seven (7) completed Change of Registered Office forms. In addition, I am enclosing a check in the amount of \$175.00 which represents the total for each filing fee.

Should you need anything else further, please feel free to contact me at the toll free number 1.888.941.9941.

Kind regards,

Marc D. Wigder

## **COVER LETTER**

Division of Corporations	•
SUBJECT: ROYALE CO	OURTYARD PROPERTIES, LLC
Name o	f Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to the following:
Marc D. Wigder Name of Person	
The Wigder Companies	<u>s</u>
5301 N. Federal Hwy. Address	suite 220
Boca Raton, FL 33487 City/State and Zip Code	,
marc@wigderco.com E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this ma	atter, please call:
Marc D. Wigder	at (561) 674-0001
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the follow	ving amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

TO:

Registration Section

# 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: ROYALE	COURTYARD PROPERTIES, LLC
2. (a) Principal office address of limited liability company	y: 5301 N. Federal Hwy., Suite 220
(Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33487
(b) Mailing address of limited liability company:	5301 N. Federal Hwy. Suite 220
(Note: MAY BE POST OFFICE BOX)	Boca Raton, FL 33487
01/24/2012	M12000000431 1
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 Stage:
Registered Agent:	MARC D. WIGDER
Registered Office Address:	5801 N. CONGRESS AVE BOCA RATON, FL 33487
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:
NEW Registered Agent:	MARC D. WIGDER
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5301 N. FEDERAL HWY. Suite 220
	BOCA RATON ,FL 33487
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident 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	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	
Marc D. Wigder Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the product of the product o	agree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in early reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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