

Aug. 11. 2015. 10:31AM.
Division of Corporations

O'HAIRE, QUINN, CANDLER & CASALINO

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M12000001748

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H15000193647 3)))



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Division of Corporations
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From:

Account Name : O'HAIRE, QUINN, CANDLER, & CASALINE CHARTERED
Account Number : 073077002560
Phone : (772) 231-6900
Fax Number : (772) 231-9729

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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Help AUG 12 2015

J SHIVER

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

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SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: SOUTHERN ASSET MANAGEMENT OF FLORIDA I, LLC
2. The Florida document number of this limited liability company is: M12000001748
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: 3/28/2012

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City

Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Gregg M. Casalino
FL Bar No. 0056250
3111 Cardinal Dr.
Vero Beach, FL 32963

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MGR</u>	<u>REAL ESTATE INVESTORS, LLC</u>	<u>3250 MARY STREET, SUITE 306</u>	<input type="checkbox"/> Add
		<u>MIAMI, FL 33133</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>SOUTHERN ASSET MANAGEMENT OF FLORIDA I MGR, LLC</u>	<u>3250 MARY STREET, SUITE 306</u>	<input checked="" type="checkbox"/> Add
		<u>MIAMI, FL 33133</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Darleen DePoalo</u>	<u>31560 US HWY 19 N</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Harbor, FL 34684</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Gregg M. Casalino

Typed or printed name of signee

Filing Fee: \$25.00

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