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(Re	equestor's Name)	
(Ad	ddress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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ALLAHASSEE, FLORIDA

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M. THOMAS

MAR 2 7 2009

EXAMINE



Toll Free (800)899-8648 Voice (914)949-9188 Fax (914)949-9618

March 23, 2009

RE: MILLENNIUM PARTNERS FLORIDA PROPERTY MANAGEMENT LLC

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find a change of agent documents for the above together with our check to the Secretary of State for 25.00

Please file on a routine basis and forwarding appropriate evidence to the attention of the undersigned, via regular mail (self address stamped envelope is attached.)

If you have any questions, please feel free to contact the undersigned at \$73- \\ 894-9049 \text{ ext 17.}

Thank you.

Sincerely,

Dolores Burton Project Associate

Enclosure

## **COVER LETTER**

Registration Section TO: Division of Corporations

SUBJECT: MILLENNIUM PARTNERS FLORIDA PROPERTY MANAGMENT LLC

(Name of Limi	ted Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
Dolores Burton			
(Name of Person)	<del> </del>		
United Corporate Services, Inc. (Firm/Company)			
11 North Pearl Street (Address)	<del></del>		
Albany, NY 12207 (City/State and Zip Code)		SEGRE	09 MAR
For further information concerning this matter, plea	se call:	TAPY OF S	26 AH 10: 42
Dolores Burton at (	877 ) <u>8</u> 94-9049	AND	ن <del>۱</del> ۲
(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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amou	unt:		
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## FILED

## 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:	Millennium Partners Florida Property Management LLC
2. (a) Principal office address of limited l (Note: MUST BE STREET ADD	iability company:
(b) Mailing address of limited liability (Note: MAY BE POST OFFICE	company: BOX
11/04/19999	M9900001745
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered C	Office shown on the records of the Florida Dept. of State:
Registered Agent:	CT CORPORATION SYSTEM
Registered Office Address:	1200 South Pine Island Road
	Plantation, FL 33324
(b) Enter name of <b>NEW Registered A</b>	gent and/or NEW Registered Office address:
NEW Registered Agent:	United Corporate Services, Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET A	9200 South Dadeland Blvd. Suite 508 Miami ,FL 33156
that after the change or changes are made, office of the registered agent will be identihereby confirmed that the change(s) was/w liability company or as otherwise provided limited liability company.	nized under the laws of the State of Florida, it is hereby confirmed the Florida street address of the registered office and the business ical. Or, in the case of a Florida limited liability compandities were authorized by an affirmative vote of the members of the limited in the articles of organization or the operating agreement of the
(Signature of a member or an forized representative of a	member)
Edward Wierzel (Printed or typed name of signee)	<del></del>
Di Illiano Isano Isano Isano	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, and I as of my position as registered agent as provided for in Chapter 608, merely reflect a change in the registered office address, I hereby has been notified in writing of this change.  Tr. President

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