

PO6000072493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

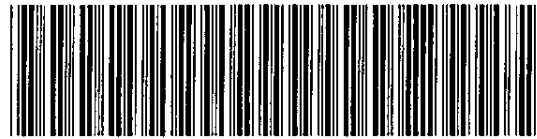
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000128288100

RA
Change

05/12/08--01002--002 **385.00

RECEIVED

08 MAY -9 PM 3:33

CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2008 MAY -9 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AR
5/12/08



CT
a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Suite 101
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

May 9, 2008

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

RECEIVED
08 MAY -9 PM 3:36
OFFICE OF THE CLERK
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Order #: 7236871 SO
Customer Reference 1: None Given
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

/ 444 Brickell Investors Manager, Inc. (FL)
Change of Agent
Florida

444 Brickell Manager Corp. (FL)
Change of Agent
Florida

ACP GLADES MANAGER CORP (FL)
Change of Agent
Florida

ACP Realty Services, Inc. (FL)
Change of Agent
Florida

Alinari Condominium Association, Inc. (FL)
Change of Agent
Florida

America's Self Storage Corp
Change of Agent
Florida



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Bigal Corp. (FL)
Change of Agent
Florida

Redwood Real Estate Services Corp. (FL)
Change of Agent
Florida

Rosemary Place Master Association, Inc. (FL)
Change of Agent
Florida

SFI Development Corp. (FL)
Change of Agent
Florida

Storsafe Rentals, Inc. (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy
Fulfillment Specialist
jennifer.murphy@wolterskluwer.com

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 444 BRICKELL INVESTORS MANAGER, INC.
2. The principal office address: 444 BRICKELL AVE SUITE 900 MIAMI FL 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/23/2006 Document number: P06000072493

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LEGAGNEUR, NATHALIE

444 BRICKELL AVENUE SUITE 900

MIAMI FL 33131 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

(P.O. Box NOT acceptable)

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Anthony LiCausi
(Signature of an officer or director)

Anthony LiCausi, Attorney in Fact

(Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Anthony LiCausi
(Signature of Registered Agent)

Anthony LiCausi
Vice President

5-2-08
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)