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K.SALY EXAMINER DEC 3 0 2015

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: ERFOLG III LLC						
Name of L	mited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
Manuel L. Crespo, Esq.						
Name of Person						

Greenspoon Marder						
Firm/Company						
600 Brickell Avenue, 36th Floor						
Address						
Miami, FL 33131	·					
City/State and Zip Code						
manuel.crespo@gmlaw.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	call:					
Manuel L. Crespo at (305) 546–3931					
Name of Person	Area Code & Daytime Telephone Number					
CORRESPONDENCE A DEPOSE	MAN DIG ADDROG					
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P.O. Box 6327					
2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301	· whatessee, i fortus J2J17					
Enclosed is a check for the following amoun	t:					
☐ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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:ERFOLG	III LLC		
2. (a) 4100 N Miami Aver	1110	(b)	4100 N	Miami Avenue
	s of limited liability company:	(0)		ailing address of limited liability company:
<u>-</u>	E STREET ADDRESS			(Note: MAY BE POST OFFICE BOX)
Second Floor			Second	Floor
Decond 11001				
Miami., FL 33127			Miami,	FL 33127
05/19/15			L15000	088808
3. Date of filing/rep	gistration in Florida	4.		Occument number
Manual I. Crest			_	
J. (a)	ed Office shown on the records of	the Florida De	ept. of State:	
- ·				
	ircle, Suite 1205			
Registered Office Address	MUST BE FLORIDA STREET	<u>ADDRESS)</u>		
				
Coral Gables	, FL	33134		2015
(b)				A FI
Enter name of NEW Registere	d Agent and/or NEW Registered	Office addre	<u>ss</u> :	28 Z
•				* ****
NEW Registered Office Addre	ess:	······································		Se w
Manuel L. Crespo,	Esq.			型型の
Greenspoon Marder				
600 Brickell Ave.,	36th 1100r	20101		
Miami	Ė	33131		
		·		
the change or changes are made, agent will be identical. Or, in the was/were authorized by an affirm the articles of organization or the	the Florida street address of e case of a Florida limited li native vote of the members of operating agreement of the	f the register ability comp of the limite	red office a pany, it is t d liability (da, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in any.
Signature of a member of highorized r	epresentative of a member		P	rinted or typed name of signee
	as registered agent and ag to the proper and complete registered agent as provide registered office address, I	ree to act in performant d for in Che hereby conf	this capac ce of my du pter 605, A irm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signature of Registered Asset	·			
Divisio	on of Corporations P.O. I	Box 6327• 'EE: \$25.00		ee, FL 32314

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