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T. CLINE

DEC 28 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	1427 Sobe, LLC
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Regist	tered Office Change and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
Michelle Cholodof	sky
Name of Person	
1427 Sobe, LLC	<u> </u>
Firm/Company	
5061 Biscayne Bl	vd.
Address	SECRETARY OF STATE AHASSEE, FLORID
Miami, FL 3313	7
City/State and Zip Code	<u> </u>
michellec@hartong	com = ==================================
michellec@bartong. E-mail address: (to be used for future annual	report notification)
For further information concerning thi	s matter, please call:
Michelle Cholodofsky	at (305)576-8888
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS	S: 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 fo	llowing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

agent, or both, in the state of Pioriaa.		
Name of the limited liability company:	1427 Sobe, LLC	·
2. (a) Principal office address of limited liability comp	pany:	
(Note: MUST BE STREET ADDRESS)	5061 Biscayne Blvd. Miami, FL 33137	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	5061 Biscayne Blvd. Miami, FL 33137	
04/20/2011	M1100000)1995
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 State:
Registered Agent:	Karen Atkinson	Po B
Registered Office Address:	5061 Biscayne Blvd. Miami, FL 33137	DEC 2
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent: NEW Registered Office Address:	Michelle Cholodofsky	3: L
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5061 Biscayne Blvd.	
	Miami	,FL <u>33137</u>
If the limited liability company is not organized under to confirmed that after the change or changes are made the and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability comp	e Florida street address of the lentical. Or, in the case of a F	registered office lorida limited
Barton G. Weiss		
Printed or typed name of signee	ed aguan to got in this conscite	I further agree to
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, FLS. Or, if this document is being filed to address. Thereby confirm that the limited liability comp	id agree to act in this capacity proper and complete perform position as registered agent is merely reflect a change in the pany has been notified in writi	o. I further agree to hance of my duties, as provided for in eregistered officeing of this change.
Signature of Registered Agent		

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