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(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Elina Officer				
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NY, JOH OF CORPORATIONS

1. BRYAN DEC 9 2002

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. The name of the limite	ed liability company is: 128th St	treet Associates, LLC	, ,		·
	f the limited liability company is:			8th F	loor
Miami Beach, Florida 3					
		1,000,000,1000			
1/26/00 L00000001020					
3. Date of filing/registrati	ion in Florida	4. Document number	r		
	ered agent and the registered office	address as shown on t	he record	is of t	the
Florida Department of	State: Shelly L. Rubin				
	Name 760 NW 107th Avenue, Suite	300	,	٠	
	Address		2	~	
Miami, Florida 33172					
City, State and Zip			LA A A	3	71
Miami, Florida 33172 City, State and Zip 6. The name and address of the new registered agent and/or office:					=
	Shelly L. Rubin		SEE SON		, D
	Name 1601 Washington Avenue, 8tl	n Floor	, FLO	新 9:	O
	Florida street address (P.O. Box	NOT acceptable)	용등	58	
	Miami Beach FL 3313	39	To		
	City, State and Zip)			
confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	pany is not organized under the la range or changes are made, the Flo the registered agent will be identic eby confirmed that the change(s) of disability company or as otherwise f the limited liability company. Gement Corp., a Florida of zed representative of a member)	orida street address of the case of a case of the article of a case of a case of the article of a case of the article of a case of the article of a case of the case of th	he registe Florida an affirites of orga	ered of limite mativ anizat	office ed e vote of tion or
Shelly L. Rubin, Vice	President				
(Printed or typed name of signee)	\	•			
I hereby accept the appoint comply with the provision and Jam familiar with and Chapter 108, F.S. On if the address, I hereby continu	niment as registered agent and ag s of all statutes relative to the proj d decept the obligations of my posi his document is being filed to mere that the limited liability company	ree to act in this capac per and complete perfo ition as registered agen ely reflect a change in t has been notified in wr	ity. I fur rmance o it as prov the regisi iting of t	ther of my vided tered his ch	igree to duties, for in office lange.
(Signature of Registered Agent)	· · · · · · · · · · · · · · · · · · ·				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
INHS18(10/99)	FILING FEE: \$2	5.00			

For