Division of Corporations Electronic Filing Cover Sheet

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## LLC REGISTERED AGENT CHANGE 300 NW 1ST AVE LLC

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Help

B. BOSTICK

DEC 2 0 2012

## 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.	Nar	ne of the limited liability company:	300 NW 1ST AVE LLC	
2.	. (a) Principal office address of limited liability company:			
		(Note: MUST BE STREET ADDRESS)	2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234	
	(b)	Mailing address of limited liability company:		
		(Note: MAY BE POST OFFICE BOX)	2071 FLATBUSH AVE STE 22 BROOKLYN, NY 11234	
		_3/30/06	L06000033371	
3.	Date	e 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:	INCORP SERVICES, INC.	
		Registered Office Address:	17888 67TH COURT NORTH COUNT NORTH COURT N	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		<u>NFW</u> Registered Agent:	INTERSTATE AGENT SERVICES, Y.C.	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1540 GLENWAY DRIVE	
			TALLAHASSEE,FL32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signanure of a member or authorized representative of a member.				
ALEX ENGLARD - AUTHORIZED PERSON				
Printed or typed name of signee				
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 statules relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address I thereby confirm that the limited liability company has been notified in writing of this change.				
Signature of Registered Agent ALEX ENGLARD - SPECIAL SECRETARY				

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