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(Address)							
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(City/State/Zip/Phone #)							
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COVER LETTER

TO:	Registration Section Division of Corporations			,		
SUBJI	Angelic Real Estate, LLC					
		imited Lial	oility Company			
Dear S	sir or Madam:					, -
The er	nclosed Registered Agent/Registered Office Ch	ange and fe	e(c) are submit	ed for fi	ling	
				104 101 11		
Please	return all correspondence concerning this matt	er to the to	Howing:			
Gabr	iel Silverstein	•		٠.	*. • •	
	Name of Person	·····	_			
Ange	lic Real Estate, LLC					
	Firm/Company		_			
1330	Avenue of the Americas, Suite 23A			٠	•	:
	Address		-			
New	York NY 10019					
_	City/State and Zip Code		- ,			•
Gabr	iel@AngelicRealEstate.com					
·ī	E-mail address: (to be used for future annual rep	port notific	ation)			
For fu	rther information concerning this matter, please	e call:				
Gabr	iel Silverstein	212	444-8520			
	Name of Person		Area Code & D	aytime 7	relephon	Numbe
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	ILING ADDRESTRATION Section of Corpora Box 6327 ahassee, Florida	tions		
	Enclosed is a check for the following amou	ınt:				
٠	¹ ■ \$25 Filing Fee	□ \$55	Filing Fee & C	ertified (Copy	
' : .						

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.

state, LLC			
(b) Angelic Real Estate, LLC			
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
1330 Avenue of the Americas, Ste 23A			
New York NY 10019			
M11000002672			
4. Document number			
e Florida Dept. of State:			
DDRESS)			
APR F			
33428			
P OF S			
Office address:			
33486.			
s of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company. Gabriel M. Silverstein Printed or typed name of signee the to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been			