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DIVISIEN OF CORPORATION

JUN 1 2015

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Bay Har bor Hotel LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and	fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the	following:		
Ari A. Sweetbaum Name of Person			
Daniels Kashtan Finn/Company			
4000 Ponce De Leon Blvd., Suite 8	<u>0</u> 0		
Coral Gables, FL 33146 City/State and Zip Code			
OSweetboum@dkdr.com E-mail address: (to be used for future annual report notific	cation)		
For further information concerning this matter, please call:			
Ari A. Sweetbaum at (305) Name of Person	) 448-7988 Area Codo & Daytime Telephone Number		
Registration SectionRegiDivision of CorporationsDivisClifton BuildingP.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 shassee, Florida 32314		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

1 \$25 Filing Fee

Enclosed is a check for the following amount:

## 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: Bay Harbor Hotel LLC
2 (a) 4835 Collins Avenue, (b) 4835 Collins Avenue,
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
Suite 801 Suite 801
Miami Beach, FL 33140 Miami Beach, FL 33141
2/28/2011 - 11000024434
3. Date of filing/registration in Florida 4. Document number
s. (a) M.J. F. Registered Agent Corp.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
M.J. F. Registered Agent Corp.  Rogistered Office Address (MUST BE FLORIDA STREET ADDRESS)
153 Sevilla Avenue
Coral Gables , FL 33134 8
(b) Ari A. Sweetbaum
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Daniels Kashtan NEW Registered Office Address:
4000 Ponce De Leon Blvd., Suite 200
4000 FORICE DE LEDIT BIVA., SAITE 800
Coral Gables , FL 33146
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.
Signature of a member of authorized representative of a member Printed or typed name of signee
<del>-</del>
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 statutes 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 605, F.S. Or, if this document is being filed to merely reflect a chapter the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Agent
Division of Corporationso P.O. Box 6327e Tallahassee, FL 32314 FILING FRE: \$25.00