## L1200005223

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
_ Certificates	s of Status				
Special Instructions to Filing Officer:					
	dress)  cy/State/Zip/Phone WAIT  siness Entity Nar  cument Number)  Certificates				

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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT APR 1 1 2017

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations					
SUBJECT: 3 Longview Road Holdings	LLC				
	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
James K. Neff					
Name of Person	<del></del>				
Firm/Company					
7892 Fisher Island Drive					
Address					
Fisher Island FL 33109					
City/State and Zip Code		SECR A			
libby@toplineadmin.com		TANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANASST LANAS			
E-mail address: (to be used for future and	nual report notification)				
For further information concerning this matter	, please call:	E STORY			
Libby Millar	203 451-1582	THE STATE OF THE S			
Name of Person	Area Code & Daytime Telepho	one Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## \* 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. N	Iame of the limited liability company: 3 Longview R	oad Ho	oldings LL	C
2. (a)	7802 Fisher Island Drive	(b	7892 Fis	her Island Drive
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fisher Island FL 33109	<del></del>	Fisher Is	land FL 33109
	01/11/2012		L1200000	3 0522 <b>9</b>
3. 5. (a	Date of filing/registration in Florida Neff, James K.	4.		Document number
· (	Registered Agent and Registered Office shown on the records of 7892 Fisher Island Drive	the Florid	a Dept. of State	#
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRESS	<u>S)</u>	•
	Fisher Island FL	33109		
(b	Brant, Barry			,
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	
	Berkowitz Pollack Brant			FILED RR-6 M CRETARY OF S LLAMASSEE, F
	NEW Registered Office Address:			SSE OF E
	200 S. Biscayne Blvd, 6th Floor			
	Miami , FL	33131		GATE ST
the cagen was/the a	limited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization of the organization organiza	f the regi ability c of the lin	istered office ompany, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in appany.
I her prove the o to me notif	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prefer a change in the registered office address, I see it writing of his change.	ree to ac perforn d for in hereby c	et in this cap nance of my Chapter 603 confirm that	,,