## 115000054893

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	<del>-</del>			

Office Use Only



900321441659

12/10/18--01026--007 \*+25.00

O STIVIMONS DEC 14 2018

## COVER LETTER

Divi	sion of Corporations					
SUBJECT:	345 Ocean 525, LLC					
	Name of Limited Liability Company					
Dear Sir or 1	Madam:					
The enclosed	l Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to t	he following:			
Melanie E	. Damian, Receiver					
	Name of Person					
Damian &	Valori, LLP					
	Firm/Company		<del></del>			
1000 Brick	cell Avenue, Suite 1020					
	Address		<del></del>			
Miami, FL	33131					
	City/State and Zip Code					
kmurena@	dvllp.com					
E-mail	address: (to be used for future an	nual report no	otification)			
For further in	nformation concerning this matter	, please call;				
Melanie E.	Damian, Receiver	305	371-3960			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	SEET/COURIER ADDRESS: Istration Section Sion of Corporations on Building Executive Center Circle Shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following	; amount:				
<b>₩</b> \$:	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

TO:

Registration Section

## 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.

l. Na	une of the limited liability company: 345 Ocean 5	525, LLC			
2. (a)		(b	)		
, ,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	<del></del>	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  1000 Brickell Avenue, Suite 1020		
	1000 Brickell Avenue, Suite 1020				
	Miami, FL 33131		Miami, F	L 33131	
	02/27/2015		L1500005	54893	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Casey R. Cummings PLLC				
J. (a)	Registered Agent and Registered Office shown on the records of Casey R. Cummings PLLC	of the Florida	Dept. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 802 NE 20th Avenue			42	
		33304			
(b)	Melanie E. Damian, Receiver  Enter name of NEW Registered Agent and/or NEW Registers  Damian & Valori, LLP	ed Office add	dress;	1. 10 0 <b>6</b>	
	NEW Registered Office Address;				
	1000 Brickell Avenue. Suite 1020				
	Miami , F	1. <u>33131</u>			
the cha agent w was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co of the lim e limited l	stered office impany, it is ited liability iability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.  amian, Receiver	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office orders, a lip writing of this change.	c perform	ince of my c	luties, and I am familiar with and accept	