## 108000001557

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Wrong form					
Office Use Only					



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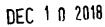
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## COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJ	22 Asset Mangement Holdi	ng, LLC						
3000		Name of Limited Liability Company						
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to	the following:					
Andr	ew Barrera							
	Name of Person	-						
ARC	Asset Management							
	Firm/Company		<del></del>					
1900	Sunset Harbour Dr, Annex 2nd F	loor	-					
	Address							
Miam	ni Beach, FL 33139							
	City/State and Zip Code							
abarı	era@yalemortgage.com							
1	E-mail address: (to be used for future and	nual report i	notification)					
For fu	rther information concerning this matter	, please call	:					
Andre	ew Barrera	786	<sup>433-2310</sup>					
	Name of Person	\	Area Code & Daytime Telephone 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	g amount:						
	☑ \$25 Filing Fee	Ū	S55 Filing Fee & Certified Copy					





December 4, 2018

ANDREW BARRERA ARC ASSET MANAGEMENT 1900 SUNSET HARBOR DR., ANNEX 2ND FL MIAMI BEACH, FL 33139

SUBJECT: 22 ASSET MANAGEMENT HOLDING, LLC

Ref. Number: L08000001557

We have received your document for 22 ASSET MANAGEMENT HOLDING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 018A00024851

RECEIVED

www.sunbiz.org

## \* 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. Na	ame of the limited liability company: 22 Asset Man	gemer	nt Holding	s, LLC	
2. (a)					
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del> '.		Mailing address of limited liability compa (Nate: MAY BE POST OFFICE BOX	ny:
	1900 Sunset Harbour Dr, Annex 2nd Floor		1900 Sเ	unset Harbour Dr, Annex 2nd	Floor
	Miami Beach, FL 33139	_	Miami E	Beach, FL 33139	
	01/04/2018		L080000	01557	
3.	Date of filing/registration in Florida	4.	···	Document number	
5. (a)					
3. (a)	Registered Agent and Registered Office shown on the records of t	he Florid	a Dept. of Sta	<del></del> te:	
	21 Asset Management Holding LLC				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1900 Sunset Harbour Dr, Annex 2nd Floor			, <b>9</b>	· ,
	Miami Beach .FL	33139	33139 Ed. (2)		
	1 2 2		•		3.0
(b)				: -	ر. اس
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	_ 	
	John Olsen			., \	5,
	NEW Registered Office Address:				
	1900 Sunset Harbour Dr, Annex 2nd Floor			_	
	Miami Beach .FL	33139			
the cha agent v was/w the art Signa I here provise the obt to mer- notified	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered-office address. It is of Registered Agent	the regional the line in the limited l	stered offic ompany, it nited liabili liability con 	te and the business office of the regis hereby confirmed that the changity company or as otherwise providing mpany.  An Olsevi Printed or typed name of signee pacity. I further agree to comply we duties, and I am familiar with and of the company is being the company in the left.	istered c(s) and in the the accept

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