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Florida Department of State
Division of Corporations
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To:
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LLC REGISTERED AGENT CHANGE
2127 HARING ST LLC

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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: 2127 HARING ST LLC

2. (a) 8925 COLLINS AVENUE APT. 7F
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

SURFSIDE, FL 33154

(b) 8925 COLLINS AVENUE APT. 7F
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

SURFSIDE, FL 33154

3. 1/22/2016
Date of filing/registration in Florida

4. L16000012726
Document number

5. (a) ALEXANDRU, ADRIAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8925 COLLINS AVENUE APT. 7F
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

SURFSIDE, FL 33154

(b) Capitol Corporate Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

515 East Park Avenue 2nd Fl
NEW Registered Office Address:

Tallahassee, FL 32301

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 or authorized representative of a member

ADRIAN ALEXANDRU
BY ELLIS R. MIRSKY
ATTORNEY-IN-FACT
Printed or typed name of signee

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 change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Leigh Johnson, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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

INHS18 (2/14)

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