1106 POMELO SARASOTA, F				
Current Mai	ling Address:			
1106 POME SARASOTA	LO AVE , FL 34236 US			
FEI Number: 65-1228528			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
LIPMAN, MICH 1106 POMELO	AVE			
SARASOTA, FI	_ 34236 US			
	- 34236 US d entity submits this statement for the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of	Florida.
The above name		ts registered office or regis	tered agent, or both, in the State of	Florida. 11/13/2014
The above name	d entity submits this statement for the purpose of changing i	ts registered office or regis	tered agent, or both, in the State of	
The above name	d entity submits this statement for the purpose of changing is E: MICHELE LIPMAN	ts registered office or regis	tered agent, or both, in the State of	11/13/2014
The above name	d entity submits this statement for the purpose of changing is E: MICHELE LIPMAN Electronic Signature of Registered Agent	is registered office or regis	tered agent, or both, in the State of	11/13/2014
The above name SIGNATURE Authorized	d entity submits this statement for the purpose of changing is E: MICHELE LIPMAN Electronic Signature of Registered Agent Person(s) Detail :			11/13/2014
The above name SIGNATURE Authorized Title	d entity submits this statement for the purpose of changing is MICHELE LIPMAN Electronic Signature of Registered Agent Person(s) Detail : MGR	Title Name Address	AUTHORIZED MEMBER LIPMAN, MICHELE 1106 POMELO AVE	11/13/2014
The above name SIGNATURE Authorized Title Name	d entity submits this statement for the purpose of changing is E: MICHELE LIPMAN Electronic Signature of Registered Agent Person(s) Detail : MGR LIPMAN, CRAIG S 1232 CORNERSTONE BLVD APT 159	Title Name	AUTHORIZED MEMBER LIPMAN, MICHELE 1106 POMELO AVE	11/13/2014

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG S LIPMAN

MGR

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L04000051673

Entity Name: LIPMAN INVESTMENT PROPERTY SPECIALISTS, LLC

-

FILED Nov 13, 2014 **Secretary of State** CC0735964710

Date