that my name appears above, or on an attachment with all other like empowered. SIGNATURE: NELSON FOX MR

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

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012836

Entity Name: 840 FIRST STREET PARTNERS, LLC

Current Principal Place of Business:

840 FIRST STREET MIAMI BEACH. FL 33139

Current Mailing Address:

157 COLLINS AVENUE 2ND FLOOR MIAMI BEACH, FL 33139

FEI Number: 20-2310007

Name and Address of Current Registered Agent:

CHEFETZ, MYLES A 157 COLLINS AVE 2ND FLOOR MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Authorized Person(s) Detail :

Title	MR.	Title	MGMR
Name	FOX, NELSON	Name	CHEFTEZ, MYLES
Address	500 LAKE VIEW COURT	Address	157 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33139

Electronic Signature of Registered Agent

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 04, 2017 Secretary of State CC7375083523

Certificate of Status Desired: No

04/04/2017

Date