that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT	

# DOCUMENT# L15000094148

Entity Name: ONE FLAGLER 900 LLC

## **Current Principal Place of Business:**

36 NE 1ST ST #512 MIAMI, FL 33132

## **Current Mailing Address:**

14 NE 1ST AVE #900 MIAMI, FL 33132 US

### FEI Number: 47-4140212

#### Name and Address of Current Registered Agent:

FALKENSTEIN, THOMAS 36 NE 1ST ST #512 MIAMI, FL 33132 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:	THOMAS FALKENSTEIN			04/28/2017	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	FALKENSTEIN, THOMAS	Name	BERKOVIC, THOMAS		
Address	36 NE 1ST ST #512	Address	36 NE 1ST ST #512		
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132		

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

PRESIDENT

04/28/2017 Date

FILED Apr 28, 2017 Secretary of State CR6172905426

Certificate of Status Desired: No