CORAL GAB	LES, FL 33114-0668 US			
FEI Number: NOT APPLICABLE		Certificate of Status Desired: Yes		
Name and A	ddress of Current Registered Agent:			
153 SEVILLA AV	ERED AGENT CORP /ENUE 5, FL 33134 US			
OOT AL ONDELL				
	entity submits this statement for the purpose of changing its reg	istered office or re	gistered agent, or both, in the State of Flor	rida.
The above named	entity submits this statement for the purpose of changing its regits in the purpose of changing its regits in the statement of the statement o	istered office or re	gistered agent, or both, in the State of Flor	^{rida.} 12/06/2019
The above named		istered office or re	gistered agent, or both, in the State of Flor	
The above named SIGNATURE	MICHAEL J. FREEMAN	istered office or re	gistered agent, or both, in the State of Flor	12/06/2019
The above named SIGNATURE	MICHAEL J. FREEMAN Electronic Signature of Registered Agent	istered office or re	gistered agent, or both, in the State of Flor	12/06/2019
The above named SIGNATURE Authorized F	MICHAEL J. FREEMAN Electronic Signature of Registered Agent Person(s) Detail :			12/06/2019

Current Principal Place of Business: 153 SEVILLA AVENUE CORAL GABLES, FL 33134

DOCUMENT# L17000212156

Entity Name: FLATIRON 2803 LLC

Current Mailing Address:

PO BOX 140668

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: PATRICIA LORETO

MANAGER

12/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Dec 06, 2019 **Secretary of State** 1859882016CR

City-State-Zip: MIAMI FL 33141

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

City-State-Zip: MIAMI FL 33141

Date