102000026/63

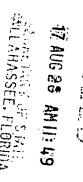
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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ÇOVER LETTER

	Registration Section Division of Corporations						
SUBJEC	Carr Properties, L.L.C.						
SUBJEC	Name of Limited Liability Company						
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.				
Please ret	turn all correspondence concerning th	is matter to the fo	llowing:				
John Ca	arr						
	Name of Person		-				
Carr Pro	operties, L.L.C.						
	Firm/Company		•				
625 Bilt	more Way, PH-A						
	Address	****	•				
Coral G	iables, FL 33134						
	City/State and Zip Code		•				
john@c	earrproperties.com						
E-m	nail address: (to be used for future ann	ual report notifica	ation)				
For furthe	er information concerning this matter,	please call:					
John Ca	arr	305 at (903-5158				
	Name of Person		Area Code & Daytime Telephone Number				
R D C 2-	TREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
E	Inclosed is a check for the following	amount:	,				
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

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.

worne.	Carr Propert	ies. L.L	.C.		
Name of the limited liability comp 625 Biltmore Way	oany:		625 Biltı	more Way	
Principal office address of lin (Note: MUST BE STR Penthouse A		(b) Penthou	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SE A	
Coral Gables, FL 33134		_	Coral Ga	ables, FL 331	34
August 23, 2017			L0200002	26163	
Date of filing/registrat ATRIUM REGISTERED A (a)		4.		Document num	ber
Registered Agent and Registered Offi 8950 SOUTHWEST 74Ti		f the Florid	a Dept. of State	• : :	7
Registered Office Address (MUS) SUITE 1901	C BE FLORIDA STREET	'ADDRES	S)		AUG 28
MIAMI	, F	33156 L	3		The state of
John Carr (b)				-	STATE OF THE STATE
Enter name of NEW Registered Age	nt and/or NEW Registere	d Office a	idress:		
625 Biltmore Way				_	
NEW Registered Office Address: Penthouse A		•			
Coral Gables	, F	33134 L	ļ	-	
f the limited liability company is not one change or changes are made, the Figent will be identical. Or, in the case was/were authorized by an affirmative are articles of organization or the oper	lorida street address of a Florida limited le vote of the members	f the reg iability of of the line imited	istered office ompany, it is nited liability	e and the busine is hereby confirm y company or as ipany.	ss office of the registered that the change(s)
Signature of a member or authorized represe	ntative of a member	-		Printed or typed n	name of signee
hereby accept the appointment as re rovisions of all statutes relative to the he obligations of my position as regis o merely reflect a change in the regis notified in writing of this change.	egistered agent and ag e proper and complet stered agent as provid tered office address, l	ree to ac e perforn ed for in hereby c	et in this cap nance of my Chapter 605 confirm that	acity. I further duties, and I am i, F.S. Or, if thi the limited liabi	agree to comply with the familiar with and accep s document is being filed lity company has been

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

Signature of Registered Agent