

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000202723 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5926



REGISTERED AGENT CHANGE

MI-NY LOFT LLC

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$35,80

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

m me brute of Promitia.	
1. Name of the limited liability company: MI-NY LOFT LLO	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	C/O RFR HOLDINGS, LLC 390 PARK AVENUE, THIRD FL
	NEW YORK NY 10022
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
5/1/2003	103000015683
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the	records of the Florida Dept. of State:
Registered Agent:	DATE TO THE THE
Registered Office Address:	201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES/FL/33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	Registered Office address: CT Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation F[33324
If the limited liability company is not organized under the let that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the carconfirmed that the change(s) was/were authorized by an afficompany or as otherwise provided in the articles of organizationality company. (Signature of a member of authorized representative of a member) Florence Merceron (Printed or typed name of signae) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the proam familiar with and accept the obligations of my position of f.S. Or, if this document is being filed to merely reflect a c	address of the registered office and the business see of a Florida limited liability company, it is hereby imative vote of the members of the limited liability mation or the operating agreement of the limited limited limited. The second of the members of the limited li
confirm that the limited liability company has been notified CT Corporation Systemohan R.	in writing of this change. Dindual
Sonan H. Sonan Sonan H. Sonan	-

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