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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Catalina Hotel LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.						
Please return all correspondence concerning this mat	eter to the following:						
Joshua M. Entin, Esq							
Name of Person							
Entin & della Fera, P.A.							
Firm/Company	.						
633 S. Andrew Ave. Suite 500							
Address							
Ft. Laudedale, FI 33301							
City/State and Zip Code							
raul.frontal@southbeachgroup.com							
E-mail address: (to be used for future annual re	eport notification)						
For further information concerning this matter, pleas	se call:						
Raul Frontal	(305) 609-6700						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR 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.

1.	Na	ame of the limited liability company: Catalina Hotel	LLC			
2. (~a \	1720-1732-1756 Collins Ave	(h	(b) 808 Collins Ave		ins Ave
2.	1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Miami Beach, FI 33139	_	A	ttn. Rau	ıl Frontal
			_	<u>N</u>	1iami Be	each, FI 33139
		05/03/2004		L0	400003	3571
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	Entin, Joshua M. Esq				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 110 S.E. 6th Street					:	
		Registered Office Address (MUST BE FLORIDA STREET AL Suite 1970	<u>DDRESS</u>	<u>n</u>		$oldsymbol{ar{ar{ar{ar{ar{ar{ar{ar{ar{ar$
		Ft. Lauderdale	3301			ECR N
,	(b)	Entin, Joshua M. Esq Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<u>ss</u> :	15 NOV 16 PA
		633 S. Andrews Ave.				PHIZ: 4
		NEW Registered Office Address:				
		Suite 500				
		Ft. Lauderdale , FL	33301			
the age was	cha nt w s/w	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabers.	he regist oility co the lim	ster omp nite	red office pany, it is d liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Alan Lieberm						
		ture of a member or authorized representative of a member				Printed or typed name of signee
pro the to i	visi obl ner	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	prtorm	ana	ce at my a	duties, and I am familiar with and accept.

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

Signature of Registered Agent