Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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LLC REGISTERED AGENT CHANGE FISHER ISLAND HOLDINGS, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

## 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.

1.	Nat	ne of the limited liability company: FISHER ISLAND HOL	DINGS, LLC		····		
2. (a) Principal office address of limited liability company: ONE FISHER ISLAND DRIVE  (Note: MUST BE STREET ADDRESS)  FISHER ISLAND, FL 33109						<u> </u>	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109				
_	21/20		L04D00092456		· <u>····</u>		
3.	Dat	e of filing/registration in Florida	l. Document number				
5.	(a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dep	pt. of St	atc:		
Registered Agent:			JOSEPH L REBAK				
		Registered Office Address:	1441 BRICKELL AVENUE, 15TH FLOO MIAMI, FL 33131	SECT AH	2013 OC	_ _ 	
	<b>(b)</b>	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office addres	TARY ASSE	T 30	F	
		NEW Registered Agent:	Corporate Creations Network Inc.	imi O	-	छ	
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	11380 Prosperity Farms Road #2216 Palm Beach Gardens	ST 133	414		
and lia the	d the	imited liability company is not organized under the la ned that after the change or changes are made, the Florida business office of the registered agent will be identify by company, it is hereby confirmed that the change(s) whoers of the limited liability company or as otherwise trading agreement of the limited liability company.	orida street address of the re- cal. Or, in the case of a Flor was/were authorized by an a	gistered ida limi ffirmati	office ted	e of r	
ΗQ	BERT	O.A. SOSA, Preeident/Treasurer by: Kristine Roy, Attorney-th-Fact					
J) con Cad		or typed name of signee  by accept the appointment as registered agent and age is with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my positive to the provision of the configurations of my positive for the provision of the configuration of the		further ce of my provided gistered of this c	agree dutie dor in doffice hange	10 \$, !	
_		FILING FEE: \$2					