205000028397

	(Requestor's Name)						
	(Address)						
	(Address)						
	(City/State/Zip/Phone #)						
	PICK-UP WAIT MAIL						
	(Business Entity Name)						
Ţ	(Document Number)						
	Certified Copies Certificates of Status						
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O Kinsey

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	150 MIAMI ASSOCIATES TENANT MANAGER, LLC						
Sommer	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclos	ed Registered Agent/Registered	Office Chan	ge and f	ec(s) are submitted for filing.			
Please retu	rn all correspondence concernin	g this matter	to the fo	ollowing:			
Adam Klau	ber. Esquire						
	Name of Person			_			
Klauber Go	ldman, P.A.						
	Firm/Company			-			
8751 West	Broward Boulevard, Suite 410						
	Address			_			
Plantation,	Florida 33324						
	City/State and Zip Coo	de	 -	_			
ak lauber@k	laubergoldman.com						
E-ma	il address: (to be used for future	annual repo	rt notific	ration)			
For further	information concerning this ma	tter, please e	all:				
Adam Klau	ber	95 at (j 1	424-9666			
	Name of Person			Area Code & Daytime Telephone Number			
Re Di P.0	egistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	Enclosed is a check for the following amount:						
	\$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy				

TO:

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: 150 MIAMI ASSO	CIAT	ES TENANT :	MANAGER, LLC			
2. (a)			(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	150 SE 3rd Avenue		1776 N. Pi	ine Island Road, Suite 224			
	Miami, Florida 33131	_	Plantation,	Florida 33322			
	03/23/2005		L050000283	597			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Daniel Rothschild						
J. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State;						
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRE.	<u>S.S)</u>	_			
	1776 N. Pine Island Road, Suite 224			200			
	Plantation FL	3322		1921 JUL - 1			
			-	- I			
(b)	Klauber Goldman, P.A.			•			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	- Justine					
	Adam Klauber, Esquire			- All 8: 3:5			
	NEW Registered Office Address:			_			
	8751 West Broward Boulevard, Suite 410			_			
	Plantation .FL ³	3324					
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rwill 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 li	egiste vility o the li	red office and company, it is mited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in			
a:			ADM	Printed or typed name of signee			
. ~	ture of a member or authorized representative of a member						
provisi the obl to mer	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations 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.	e to ac erform for in reby (ct in this cape nance of my c Chapter 605 confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept .F.S. Or, if this document is being filed the limited liability company has been			
Signatu	ire of Registered Agent						
	Division of Cornorations P.O. Bo	ox 63°	27∎ Tallahas	seop F1 32314			

FILING FEE: \$25.00