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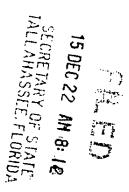
(Requestor's Name)				
(Address)				
(Address)				
(Cr	ty/State/Zip/Phone	2 #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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DEC 2 2 2015 J SHIVERS

· COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	735 GT Holdings LLC		
	Name	e of Limited Liab	ility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this	s matter to the fo	llowing:
llena	Alvarez		
	Name of Person		•
1.A. La	aw, PA		
	Firm/Company		•
12555	5 Orange Drive, Suite 4069		
	Address		-
Davie	e, FL 33330		
	City/State and Zip Code		•
ilena(@ialawpa.com		
Е	-mail address: (to be used for future annu	al report notifica	tion)
For fur	ther information concerning this matter, p	please call:	
llena .	Alvarez	954	399-0749
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAI	LING ADDRESS:
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, 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. }	Name of the limited liability company: 735 GT Holdi	ings LLC	С
2. (a	6278 N Federal Highway	(b)	6278 N Federal Highway PMB 392
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33308		Fort Lauderdale, FL 33308
			
	8/18/2005	I	L05000081874
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Augustine J. Crocco		
(-	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	15 VLL
	Delray Beach	33445	AHA AHA
(b	IA Law PA		RY OF AM
	NEW Registered Office Address:		
	12555 Orange Drive, Suite 4069		
	Davie, FL	33330	
the clagent was/v	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regist ability cou of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
4	Muna Slear	llena	na Alvarez
	attere of a member or authorized representative of a member		Printed or typed name of signee
the or	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I i ed in writing of this change.	ree to act performa d for in C hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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