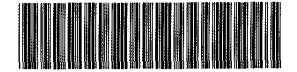
106000000078

(Requestor's Name)		
(Address)		
(Add	dress)	
V	,	
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
	<u></u> -	
		_
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
	_	
Special Instructions to Filing Officer:		
]
•		
<u> </u>		

Office Use Only



100257354311

03/06/14--01012--012 **25.00

SECRETARY OF STATE

MAR - 7 2014

T CLIME

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bank Of Cord Gables, LC Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	ı
Please return all correspondence concerning this matter to the following:	
Daniel C. Eggland Name of Person	
Bank of Coral Gables Firm/Company	
2298 Galiano Street. Address	2014 香R -6
Corcl Gables FL 33134 City/State and Zip Code	PH 12: 59
Legaland Cobcafla.com E-mail address: (to be used for future annual report notification)	٣
For further information concerning this matter, please call:	
Daniel Eggland at (305) 500 - 950 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:	

□ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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

Pursuant to the provisions of sections 605.0114, 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: Bunk o	f Cocal Gables 11C
2. (a) Principal office address of limited liability company:	1
(Note: MUST BE STREET ADDRESS)	Coral Gables, FL 33134
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2295 Galiano Street Coral Gables, FL 33134
3. Date of filing/registration in Florida	Lob 00000 278 1. Document number
5. Date of mingregistration in Florida	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Michael A. Kashtan
Registered Office Address:	3300 Ponce Deleon Coral Gables, PC 33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	Daniel C. Figgrand
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2295 Galiano Street
MOST BE TECKTOA STREET ADDRESS,	Coral Gables F633134
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	was of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of a provided in the articles of organization or
Printed or typed name of signee 93	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my post Chapter 605, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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