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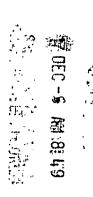
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COVER LETTER

-	istration Section sion of Corporations				
SUBJECT:	Commercial Real Estate, L	LC.			
SODULCI.		me of Limited Lia	bility Company		
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered O	ffice Change and f	ee(s) are submitted for filing.		
Please return	nall correspondence concerning t	his matter to the fo	ollowing:		
ADAM SE	LIGMAN, ESQ.				
	Name of Person		_		
WARD DA	AMON PL				
	Firm/Company		_		
4420 BEA	CON CIRCLE				
	Address		_		
WEST PA	LM BEACH, FL 33407				
	City/State and Zip Code				
ASELIGM	AN@WARDDAMON.COM				
E-mail	address: (to be used for future ar	mual report notific	eation)		
For further i	nformation concerning this matte	r, please call:			
ADAM SE	LIGMAN	561 at (842-3000		
-	Name of Person	ut (Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	losed is a check for the followir	ig amount:			
≥ s	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		
INHS18 (2/14	4)				

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.

49 SW Flagler Ave, Suite 301 Stuart, FL 34994 Document number Stuart, FL 34994 Document number Katz & Associates PL Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address: 49 SW Flagler Ave, Suite 301 Stuart Registered Office Address: MUST BE FLORIDA STREET ADDRESS: 49 SW Flagler Ave, Suite 301 Stuart FL 34994 (b) Enter name of NEW Registered Agent and for NEW Registered Office address: ADAM SELIGMAN, ESQ. NEW Registered Office Address: 4420 BEACON CIRCLE WEST PALM BEACH FL 33407 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that af the charge or changes are made, the Florida street address of the registered office and the business office of the registered was were authorized by an affirmative role of the members of the limited liability company, it is hereby confirmed that the charge was were authorized by an affirmative role of the members of the limited liability company or as otherwise provide the tricles of organization or the operating agreement of the limited liability company. Since of a facebox or page agent with the charge of the members of the limited liability company. Jeremiah Baron Printed or typed name of signee	1. Na	me of the limited liability company:	eal E	state, LL	<i>.</i>
3. Date of filing/registration in Florida 4. Document number 5. (a) Katz & Associates PL Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 49 SW Flagler Ave, Suite 301 Stuart Stuart FL 34994 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ADAM SELIGMAN, ESQ. NEW Registered Office Address: 4420 BEACON CIRCLE WEST PALM BEACH If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that afthe charge or changes are made, the Florida street address of the registered office and the business office of the register with the charge was were authorized by an affirmative role of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company or as otherwise provide the articles of a hermber or authorized representative of a member Increase of a hermber or authorized representative of a member Increase of a hermber or authorized representative of a member Increase of a hermber or authorized representative of a member Increase of a hermber of the proportion and complete performance of my duties, and I am familiar with and the obligations of my position and registered agreem as provided for in Chapter 605, F.S. Or, if this document is being the above of the state of the proper and complete performance of my duties, and I am familiar with and the obligations of my position and registered agreem and complete performance of my duties, and I am familiar with and the obligations of my position and registered agreement approach of the registered of the complete performance of my duties, and I am familiar with and the obligations of my position and registered office address. I hereby confirm that the limited liability company has be	2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Flagler Ave, Suite 301
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