L060000 40661

(Requestor's	Name)			
(Address)				
(Address)				
(City/State/Z	ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
Certified Copies Ce	ertificates of Status			
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SEP 0 9 2014

C. CARROTHERS

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. N	ame of the limited liability company: LITTLE HAV	ANA - 62	24 SVV 14 AV	, LLC		···
						
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	g address of limited liab e: MAY BE POST OF	-	
	688 BREWERS BRIDGE ROAD, #2		688 BREWE	RS BRIDGE RO	DAD,	#2
	JACKSON, NJ 08527		JACKSON, N	NJ 08527		
	04/19/2006	L	.0600004066	9		
3.	Date of filing/registration in Florida	- _{4.} -	Doci	ument number		
5. (a)						
). (a _,	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:			
	CORPDIRECT AGENTS, INC.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION , FI	33324		· · · · · · · · · · · · · · · · · · ·		
				2.54条 二二字	耳	
(b)	Enter name of NEW Registered Agent and/or NEW Registered				AUG	erify
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	23.	\sim	stranger stranger
	SG REGISTERED AGENT LLC			12. (4. (2.4) (4. (4.4)	9 PH	m
	NEW Registered Office Address:				ယ္	135.3
	700 S. FEDERAL HIGHWAY, SUITE 200			j.; t.		
	BOCA RATON , FI	_L 33432				
the chagent was/w the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regist iability cor of the limi	ered office and npany, it is here ted liability con ability company EL	the business office eby confirmed that npany or as otherw y. I BLEEMAN	of the the ch ise pro	registere ange(s)
	ature of a member or authorized representative of a member			ted or typed name of sig		
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	gree to act e performa ed for in C I hereby co	in this capacity. nce of my dutie. hapter 605, F.S nfirm that the li	. I further agree to s, and I am familia . Or, if this docum imited liability com	comp r with ent is pany i	ly with the and accep being filed ias been
	type of Registered Agent					