## L06000 40771

(Requestor's Name)								
(Requestors Mame)								
(Add	droce)							
(Address)								
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	(0)	10						
(Cit)	y/State/Zip/Phone	e #)						
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	_ Certificates	s of Status						
Special Instructions to I	Filing Officer:							

Office Use Only



300263819283

08/29/14--01022--011 \*\*\$25.00



SEP 0 9 2014 C. CARROTHERS



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 -	520 SW 1	14 AV, LLC	; <u>-</u>		
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)				
	688 BREWERS BRIDGE ROAD, #2		688 BR	EWERS B	RIDGE I	ROA	D, #2
	JACKSON, NJ 08527	JACKSON, NJ 08527					
	04/19/2006		L060000	)40771			
3.	Date of filing/registration in Florida	4.		Document	number		
5. (a)							
3. (a)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of Sta	te:			
	CORPDIRECT AGENTS, INC.	`					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	<del>-</del>			
	1200 SOUTH PINE ISLAND ROAD		_			其	
	PLANTATION , FI	3332	4	_		⊈. AUG	t j
				_		29	Windows Windows
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_		PH	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	<u>ldress</u> :			ယ္	
	SG REGISTERED AGENT LLC			_		3: I 7	
	NEW Registered Office Address:						
	700 S. FEDERAL HIGHWAY, SUITE 200			<del></del>			
	BOCA RATON . FI	3343	2				
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members	iws of the of the region iability control	istered offic ompany, it nited liabili	ce and the bus is hereby con ty company o	siness offi I firmed th	ice of at the	the registered change(s)
the art	icles of organization or the operating agreement of the	e limited	liability co				
Signs	Signature of a member or authorized representative of a member			Printed or typed name of signee			
I here provis the obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perform ed for in hereby c	t in this cap vance of my Chapter 60 confirm that	pacity I furt	her noree	to cor	nnly with the
Signatu	re of Registered Agent						