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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·					
PICK-UP WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Sta	tus					
Special Instructions to Filing Officer:						
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	Notre Dame Apartments, LL	_C	-				
	Name of Limited Liability Company						
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change	and fo	e(s) are submit	ed for filing.		
Please	return all correspondence concerning th	is matter to	the fo	llowing:			
Joel L	Tabas				·		
	Name of Person			-			
Tabas & Soloff, P.A.			VENDOR # 7490065				
	Firm/Company				GL CODE: 941 -00-63180.0 AMOUNT: \$25.00		
25 SE	2nd Avenue, Suite 248			_	PAGE 1 OF 2		
	Address						
Miam	i, Florida 33131						
	City/State and Zip Code						
jtabas	@tabassoloff.com						
E	-inail address: (to be used for future ann	ual report i	notifica	ition)			
For fur	ther information concerning this matter.	please call	:				
Joel L	Tabas	305	,	375-8171			
	Name of Person			Area Code & D	aytime 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 Tallahassec, Florida 32314				
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	5	\$55	Filing Fee & C	ertified Copy		
INHS18	3 (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. N	ame of the limited liability company: Notre Dame A	partn	nei	nts, LLC		
2. (a)	Tabas & Soloff, P.A.		'b)	Tabas	& Soloff, P.A.	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	(~)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	25 S.E. 2nd Ave., Suite 248			25 S.E.	2nd Ave., Suite 248	
	Miami, Florida 33131	_		Miami,	Florida 33131	
	7-27-06		L	.060000	074443	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Tabas & Soloff, P.A.					
J. (")	Registered Agent and Registered Office shown on the records of the	ne Florid	da I	Dept. of Sta		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	14 NE 1st Ave., PH				**** 	
	Miami, gr	33132	2			
					PAGE 2 OF 2.	
(b)	Tabas & Soloff, P.A.				PAGE 2 OF 2,	
	Enter name of NEW Registered Agent and/or NEW Registered (Office p	<u>ddr</u>	<u>ess</u> :		
					ا المعارف	
	NEW Registered Office Address:				_	
	25 S.E. 2nd Ave., Suite 248					
					_	
	Miami , FL	33131	1			
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law three of a member or authorized representative of a member	the reg bility of the lir imited	iste on nit lia	ered offic ipany, it ed liabili	ee and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
I here provisi the ohi to mer notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.				pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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