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(Requestor's Name)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Dusiness Entry Name)									
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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	SEGAL REAL ESTATE, LLC								
	Name of Limited Liability Company								
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
Barba	ara I. Cabrera								
	Name of Person								
C/O MEDEYE ASSOCIATES									
	Firm/Company								
5858	S.W. 68TH STREET								
	Address								
MIAM	II, FL 33143								
	City/State and Zip Code								
barbie	e@medeyeassociates.com								
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Barba	ara I. Cabrera	305 666-5382							
	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:									
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

INHS18 (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. Na	ame of the limited liability company:	AL ESTA	ATE, LLC					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5858 S.W. 68TH STREET	((b)					
	MIAMI, FL 33143		MIAMI,	FL 33143				
	08/28/2006		L060000	085078				
3. 5. (a)	Date of filing/registration in Florida CAROL K. SEGAL	4.		Document num	nber		· · · · · ·	
2. (u)	Registered Agent and Registered Office shown on the records of 5858 S.W. 68TH STREET	of the Florid	a Dept. of Sta	ate:				
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u>S)</u>	_	TAL.	2018		
	MIAMI	L_33143			LAHASSE	ħ₽R	FIL	
(b)	Zachary K. Segal, MD Enter name of NEW Registered Agent and/or NEW Registered 5858 S.W. 68TH STREET	ed Office as	ldress:	_	SSEE, FLORIDA	13 AM 10: 4%	LED	
	NEW Registered Office Address:							
	MIAMI , F	_L 33143		_				
the cha agent v was/wi the art Signa I here provisi the obti to mer- nolified	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida limited and agreement of the florida and agreement as registered agent and aging of all statutes relative to the proper and completing agreement as registered agent as provided in writing of this change.	of the regiliability of the limited	stered officompany, it nited liability co	ce and the busine is hereby confirmity company or as printed or typed pacity. I further	ss office and that the otherwise ame of sign	of the r he char se prov	egistered nge(s) ided in	