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COVER LETTER

	Registration Section Division of Corporations	·	
SUBJEC	T: 358	P BROADWAY, LLC	
		e of Limited Liability Company	
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning thi	s matter to the following:	
	ROSAURA E. BA	EZ	
	358 BROADWAY Firm/Company	1,uc	
	907 EAGUE ISUE Address	CT.	
	OS PREY FU 3 City/State and Zip Code	34229	
E-r	RBAEZMI @ 6 MAI mail address: (to be used for future ann	ual report notification)	
For furth	er information concerning this matter,	please call:	
	ROSAURA BAEZ Name of Person	at (941) 993 - 2195 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.	Name of the limited liability company: 358 BROADWAY, LLC
2. (a	9982 BLOOMFIELD BLUD (b) PO BOX 1072
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34238 OSPREY, FL 34229
3.	NOVEMBER 14, 2006 Date of filing/registration in Florida LO6000110313 Document number
5. (a) ROBERT J. HITCHCOCK
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 8982 BLOOMFIEUD BLVD. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SAFASOTA, FU 34 229 FIL. MANUEL A. BAEZ Filter name of NEW Peristaged Agent and/or NEW Paristaged Office address:
(t	MANUEL A. BAEZ Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
	SAPASOTA , FL 34238
the cagen was/	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after hange or changes are made, the Florida street address of the registered office and the business office of the registered twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in rticles of organization or the operating agreement of the limited liability company.
Sid	MANUALE AND ROSAURA E. BAET Printed or typed name of signee
I he proving the or notif	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed crely reflect a change in the registered office address, I hereby confirm that the limited liability company has been seed in writing of this change.