2070000 78274

(Requestor's Name)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A 11.55				
A. LUNT				
OCT 27 2008				
EXAMINER				

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SECRETARY OF STATE

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COVER LETTER

Division of Corporations			
SUBJECT: 51 Street, LLC (Name of L	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	is matter to the following:		
Steve Ackerman			
(Name of Person)	Pro	28	
		2008 OCT 24 PM 1:36	
Ackerman & Newman PA (Firm/Company)		4	
(i init Company)	SSE SSE	24	
7328 SW 48 Street	LuO	₽	
(Address)	OF STATE		
		36	
Miami, FL 33155			
(City/State and Zip Code)			
For further information concerning this matter,	please call:		
Steve Ackerman ai	at (_305		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following a	amount:		
	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.	Nai	ne of the limited liability company: 51 Street, L	LC			
2.	(a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 7328 SW 48 Street Miami, FL 33155			
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	<u>PO Box 54-6041</u> Miami, FL 33154			
		2007 e of filing/registration in Florida	L07000078274 4. Document number			_
5.	(a)	Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept	t. of Sta	te: 2056	
		Registered Office Address:	1602 ALTON RD, # 419 MIAMI BEACH FL 33139	RE TAR	DCT 24	_ _ _ _
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address	Y DF STA	PH :	ED
		NEW Registered Agent:	Ackerman & Newman PA	TATE	36	_
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7328 SW 48 Street			_
			Miami,	,FL <u>33</u>	155	_
If	the l	imited liability company is not organized under the	laws of the State of Florida, it	is hereb	y con	fin

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

SAL YA25eck

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)