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SEP 3 2013 EXAMINER SANGERRA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 3906 SW 4 4 9 Name of Limited	treet Property, HC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
TOF ARERREH Name of Person	
3906 GW 4th Street Property	, LLC.
Firm/Company	The state of the s
10 Box 370337	
MIAMI, F1 33 137 City/State and Zip Code	
E-mail address: (to be used for future annual report notification	1)
For further information concerning this matter, please	se call:
THE ACEPREH at (954 263 8211 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 amo	unt:
\$25 Filing Fee	□ \$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.

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1. Name of the limited liability company: 3906 500 4	
2. (a) Principal office address of limited liability company	: 1835 E Hallandale Boh Blud
(Note: MUST BE STREET ADDRESS)	Hallandale FL 33009
(b) Mailing address of limited liability company:	PO Box 370337
(Note: MAY BE POST OFFICE BOX)	H14M1, FL 33137
09/06/2007	L070000914BB
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	
Registered Agent:	Henry Lordon
Registered Office Address:	POBOX 370337
	Mami, F1 33137
(b) Enter name of NEW Designand Agent and (or NE	W Dogistowed Office address:
(b) Enter name of NEW Registered Agent and/or NE	
NEW Registered Agent:	JOE APEREN
NEW Registered Office Address:	1835 = Hallandale Bdi Blud
(MUST BE FLORIDA STREET ADDRESS)	Hallandale FL 33009
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the kimited hability company or as otherwithe operating agreement of the limited liability company.	lorida street address of the registered office ical. Or, in the case of a Florida limited 😂
Signature of a member or authorized representative of a member	-
JOE ARE RREH	20 66
Printed or typed name of signee	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my participated by F.S. Or, if this document is being filed to me address, thereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00