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(Re	questor's Name)			
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D. SRUCE

COVER LETTER

	ation Section 1 of Corporations		
SUBJECT: _	SINA FAMI	LY HOLDENGS	LLC
	Name o	of Limited Liability Company	
Dear Sir or Mad	dam:		
The enclosed R	egistered Agent/Registered	d Office Change and fee(s) are s	submitted for filing.
Please return al	l correspondence concerni	ng this matter to the following:	
Malco	S. Sina Name of Person		
	Name of Person		
Stra F	anily Holdings L	LC	
	Firm/Company		
1935	Commore La	~. #3	SEP
	Address		16 V84 V84
Jupil	Senfl 3345	8	PH 1: 0
•	City/State and Zip Code		O7 ATE RIDA
malco	olm e sina family	holdings.com	
E-mail address	s: (to be used for future annual repo	ort notification)	
For further info	rmation concerning this ma	atter, please call:	
Bryan	Sma	at (_561) 741	-4887
, ,	Name of Person	Area Code & Daytin	me Telephone Number
	I/COURIER ADDRESS:	MAILING ADDRI	
	tion Section of Corporations	Registration Section Division of Corpora	
Clifton E	Building	P.O. Box 6327	
	ecutive Center Circle see, Florida 32301	Tallahassee, Florida	a 32314
	d is a check for the follow	vina amount	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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. Name of the limited liability company: Sina Fo	mily Holdings LLC
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	1000
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Jupiter, FC 33458
02/19/2013	L08000010792
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	Malcolm S. Sma
Registered Office Address:	11360 Jog Road
	Palm Beach Gardens FC 33418
NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be iderliability company, it is hereby confirmed that the change (steep members of the limited liability company or as otherw the operating agreement of the limited liability company. Signature of a number or authorized representative of a member	Malcdm S. Small Tupitor, Pc. 33438 Tupitor, Pc. 334
Bryan a Sma	<u></u>
Printed or typed name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby applirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in election as change in the registered office my has been notified in writing of this change.
Signature of Registred Agent	

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