LU 8000 114540

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		21

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B. KOHR

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EXAMINER



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DIVISION OF CORPORATION

COVER LETTER

TO:	Registration Section Division of Corporations					
	Similar of Corporations					
SUBJ				II I GP, LL	<u>c</u>	
	Name	of Limite	ed Liability	y Company		
Dear	Sir or Madam:					
The e	nclosed Registered Agent/Register	ed Office	Change a	nd fee(s) are	submitted for fil	ing.
Please	e return all correspondence concer	ning this r	natter to th	he following:	و مساور	
						12 JUN 20
	Maria T. Fundora			_		¥2
	Name of Person					_
	Consultant Late Little C					型
	Swerdlow Holly Hill I GF Firm/Company	LLC				£.
						•
	3390 Mary Street, Suite	200		_		
	Address					
	Coconut Grove, FL 33	<u>133 </u>		-		
	City/State and Zip Code	•				
	m.fundora@swerdlow.	com				
Ē	-mail address: (to be used for future annual re	port notificat	tion)	•		
For fi	orther information concerning this	matter, pl	ease call:			
	Maria T. Fundora	at (305)	442-6530	
	Name of Person		A	rea Code & Dayti	ime Telephone Numbe	er .
	STREET/COURIER ADDRESS:		MAI	LING ADDR	ESS:	
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
	Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314			
	Tallahassee, Florida 32301		i aila	nassee, Florida	1 32314	
			,			
	Enclosed is a check for the foll	owing am	iount:			
	\$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.

1. Name of the limited liability company:S	werdlow Holly Hill I GP , LLC
2. (a) Principal office address of limited liability compar	ny: 3390 Mary Street, Suite 200
(Note: MUST BE STREET ADDRESS)	Coconut Grove, FL 33133
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Z SECRETE
(Note: MAT BE FOST OFFICE BOX)	6 6
12/16/2008	L08000114540
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	n the records of the Florida Dept. of State:
Registered Agent:	Theodore Stotzer
Registered Office Address:	321 East Hillsboro Boulevard Deerfield Beach, FL 33441
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: Brett Dill
NEW Registered Office Address:	3390 Mary Street, Suite 200
(MUST BE FLORIDA STREET ADDRESS)	Coconut Grove ,FL33133
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.
Signature of a member or authorized representative of a member	
Printed or typed name of signee	<u> </u>
I hereby accept the appointment as registered agent and comply with the provisions of all statules 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 n address. I hereby confirm that the limited liability compa	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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

INHS18 (05/08)