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COVER LETTER

TO: Registration Section Division of Corporations						
Teatro Marti Apartments, I	LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning to	this matter to the following:					
Joel L. Tabas						
Name of Person	VENDOR # 7490065					
Tabas & Soloff, P.A.	HOT GL CODE: <u>921</u> ;00-63180.00 AMOUNT: \$25.00					
Firm/Company	PAGE 1 OF 2					
25 SE 2nd Avenue, Suité 248						
· Address						
Miami, Florida 33131						
City/State and Zip Code						
jtabas@tabassoloff.com						
E-mail address: (to be used for future.an	nual report notification)					
For further information concerning this matter	r, please call:					
Joel L. Tabas	305 375-8171					
Name of Person	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	g amount:					
2 \$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.	Na	me of the limited liability company: Teatro Ma	arti Apar			
2	(a)	Tabas & Soloff, P.A.		(b) Tabas & Soloff, P.A.		
_,	(4)	Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)	7	(0)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)
		25 S.E. 2nd Ave., Suite 248			25 S.E.	2nd Ave., Suite 248
		Miami, Florida 33131			Miami, I	Florida 33131
		2-17-09		Ł	.090000	15853
3.		Date of filing/registration in Florida	4,	_		Document number
_	(.)	Tabas & Soloff, P.A.				
э.	(a)	Registered Agent and Registered Office shown on the recor	ds of the Flo	rida l	Dept. of Stat	- e:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	14 NE 1st Ave., PH					
		Miami,	, _{FL} 331	32		PAGE 2 OF 2
			., r L			PAGE 2 OF 2)
	(b)	Tabas & Soloff, P.A.				
	(-)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office	add	ress:	
				•		0
		NEW Registered Office Address:				_
		25 S.E. 2nd Ave., Suite 248				
•					- ,	_
		Miami	, FL 331	31		
the age	char ent w	mited liability company is not organized under the nige or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit re authorized by an affirmative vote of the memboles of organization or the operating agreement or	e laws of ss of the re ed liability ers of the f the limit	the Segist cor limited list	ered offic npany, it i ted liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in npany.
<u> </u>	iannt	ure of a member probablished tepresentative of a member			L. Iaua	Printed or typed name of signee
I h	ereb visio obli mere ifiea	by accept the appointment as registered agent and compone of all statutes relative to the proper and components of my position as registered agent as proly reflect a change in the registered office address in writing of this change. The of Registered Agent	d agree to olele perfo vided for ss, I hereb	act rma in C. y coi	in this cap nce of my hapter 60 nfirm that	pacity. I further agree to comply with the
		1 <u>.</u>			ON 11 F	EN 2014