

| (Re                                     | questor's Name)    |          |
|---|--------------------|----------|
| <br>(Ad                                 | dress)             |          |
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| (Cit                                    | y/State/Zip/Phone# | f)       |
| PICK-UP                                 | ☐ WAIT             | MAIL     |
| (Bu                                     | siness Entity Name | )        |
| (Document Number)                       |                    |          |
| Certified Copies                        | _ Certificates o   | f Status |
| Special Instructions to Filing Officer: |                    |          |
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Office Use Only

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EXAMINER



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| STATEMENT OF CHANGE OF REGISTERED OFFI  | CE OR RECISTERED WOENT OR  |  |  |
|---|--|--|--|
| BOTH FOR LIMITED LIABILITY COMPANY  | Oo.  |  |  |
| Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.   | 08, Florida Statutes, the undersigned limited are to change its registered office or registered  |  |  |
| 1. Name of the limited liability company: 2701  | Avenue E LLC 3   |  |  |
| 2. (a) Principal office address of limited liability company  | v: 9858 Clint Moore Rd.  |  |  |
| (Note: MUST BE STREET ADDRESS)  | Suite C111-254<br>Boca Rator, FL 33496   |  |  |
| (b) Mailing address of limited liability company:   | 9858 Clint Moore Rol.  |  |  |
| (Note: MAY BE POST OFFICE BOX)  | Suite C111-254<br>Boxo Raton, FL 33496   |  |  |
| 3. Date of filing/registration in Florida   | <u>L 09 0000 38751</u><br>4. Document number   |  |  |
| 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |  |  |  |
| Registered Agent:   | Atlantic Capital Advisory Services,  |  |  |
| Registered Office Address:  | 2505 New Waterford Cove<br>Delray Beach, FL 33446  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>   | Scott A. Frank Clo Arnstein: Lehr UP 5/5 North Flacler Drive   |  |  |
| (MUST BE FLORIDA STREET ADDRESS)  | Sixth Floor<br>West Paim Beach, FL 33401   |  |  |
| 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 |  |  |  |
| Steven Elias 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 pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company  | gree to act in this capacity. I further agree to<br>oper and complete performance of my duties,<br>sition as registered agent as provided for in<br>rely reflect a change in the registered office<br>y has been notified in writing of this change. |  |  |
| Signature of Registered Agent   |  |  |  |

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