## 109000064188

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N. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE	Congress Hotel On Ocean Drive, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	following:				
Joshu	ua D. Krut		·				
	Name of Person		_				
Kopelowitz Ostrow, P.A.							
	Firm/Company		<del></del>				
200 East Palmetto Park Road, Suite 103							
	Address						
Boca	Raton, FL 33432						
	City/State and Zip Code		_				
krut@	)kolawyers.com						
E-mail address: (to be used for future annual report notification)							
For fur	rther information concerning this matter,	please call:					
Joshu	ua D. Krut	561 at (	910-0688				
	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	Re Di P.G	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	□ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified Copy				
INHS18	8 (2/14)						



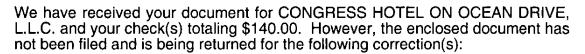
## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 25, 2016

JOSHUA D KRUT KIPELOWITZ OSTROW, PA 200 E PALMETTO PARK ROAD #103 BOCA RATON, FL 33432

SUBJECT: CONGRESS HOTEL ON OCEAN DRIVE, L.L.C.

Ref. Number: L09000064188



The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00015505



## 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	ame of the limited liability company: Congress Ho	an Drive, LLC	
2. (a)	1052 Ocean Drive	(b)	
( <del></del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (%)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach, FL 33139		
	07/01/2009	 L09	9000064188
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Kopelowitz Ostrow Lawyers		
. (u)	Registered Agent and Registered Office shown on the records of	t. of State;	
	Registered Office Address (MUST BE FLORIDA STREET A	<del></del>	
	Ft. Lauderdale , FL	33301	16 SEC
(b)	Joshua D. Krut		
	Enter name of NEW Registered Agent and/or NEW Registered		
	NEW Registered Office Address:		
	200 E. Palmetto Park Road, Suite 103		
	Boca Raton , FL	33432	
he cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the Stat the registere ability compa of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
ب	706	Joshua	a D. Krut
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I do not not in writing of this change.	ee to act in t. performance d for in Chap hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accep oter 605, F.S. Or, if this document is being filed om that the limited liability company has been
Signatu	re of Registered Agent		

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