L09000092949

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JUN 5 2015 C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: May 26, 2015

Order#: 630558/003

Re: ALIBHAI FAMILY 2009 RE INVESTMENTS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn: Janis M. Smith

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: ALIBHAI FAMILY	2009 F	RE INVEST	MENTS, LLC
2.	(a)	255 Alhambra Circle, Suite #600	_ (b))	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ,	N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Coral Gables, FL 33134	-		
		09/25/2009		L0900009	2949
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T Corporation System			
	` '	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:
1200 South Pine Island Road					9
		Registered Office Address (MUST BE FLORIDA STREET AL	DRESS		15 HAY
		Plantation, FL_	33324		28 200
		,,			
	(b)	Corporation Service Company			ي ج
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office add	ress:	28
		1201 Hays Street			
		NEW Registered Office Address:			
					
		Tallahassee,FL_	32301		
th ag w th	e cha ent v as/we e arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabilities of a member of authorized representative of a member	he regis pility co the limi mited li	tered office mpany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	_	•	e to oot	in this care	
pr th to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C ereby co	in ims capa ince of my a hapter 605, nfirm that t	icity. I further agree to comply with the withe and I am familiar with and accept .F.S. Or, if this document is being filed the limited liability company has been
S	gnatu		BY: Sy	lvia Quepj	pet, Asst. Vice President

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