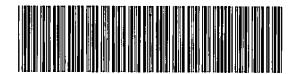
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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Div	ision of Corporations				
SUBJECT:	Coral Gardens 318, LLC				
., ., ., ., ., .	Name of Limited Liability Company				
Dear Sir or i	Madam:				
The enclose	d Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.			
Please retur	n all correspondence concerning this mat	ter to the following:			
Fernando	Gimenez				
	Name of Person				
	Firm/Company				
29 2 9 SW	3rd AVE, STE 210				
	Address				
Miami, Flo	orida 33129				
	City/State and Zip Code				
fdogz@ya	ahoo.com				
E-mail	address: (to be used for future annual re	port notification)			
For further i	nformation concerning this matter, pleas	e call:			
Mercedes	Sinnott	305-898-9371			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enc	losed is a check for the following amou	int:			
□s	25 Filing Fec	S55 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 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

	ime of the limited liability company: Coral Gard			
(,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1500 San Remo Avenue, STE 125		c/o 1500 San Remo Avenue, STE 125	
	Coral Gables, Florida 33146		Coral Gables, Florida 33146	
	01/20/2010		L1000007111	
3.	Date of filing/registration in Florida	4.	Document number	
	Registered Agent and Registered Office shown on the record Atrium Registered Agents. Inc Registered Office Address (MUST BE FLORIDA STRE 8950 SW 74th Court, STE 1901 Miami	ET ADDRESS	2015.0	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and New Registered Agent Agent Age	ered Office ado	 _	- •}
	NEW Registered Office Address:			
	2929 SW 3rd Ave, STE 210			
	Miami	_{FL} 33129		
the changent was/we the arti	imited liability company is not organized under the right or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of any Clus Aut. To	laws of the s of the regis d liability co rs of the lim the limited li	State of Florida, it is hereby confirmed that after stered office and the business office of the registrompany, it is hereby confirmed that the change(suited liability company or as otherwise provided liability company.	erec I
Signal	ure of a member or authorized cerresentative of a member	-1-17	ANA ELENA AULESTIA Printed or typed name of signee	_

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my-position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent