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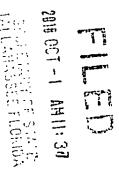
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>S-Biscayne, LLC</u> Nan	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Kathy Moro		
Name of Person		
Frank Weinberg Black, P.L.		~ 2
Firm/Company		71100T - T
7805 SW 6th Court		
Address		
Plantation, FL 33324		
City/State and Zip Code		2
Lynda, Watkins@Stiles.com KMoro@fwblaw.net E-mail address: (to be used for future ann	nual report notification)	
For further information concerning this matter,	please call:	
Lynda Watkins	at ( <u>954 ) 627-9350</u>	
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	amount:	
⊠ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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.

l.	Na	me of the limited liability company: <u>S-Bisc</u>	ayne, LLC					
2.	(a) <u>.</u>	ATTN: Lynda Watkins  Principal office address of limited liability cor  (Note: MUST BE STREET ADDRESS  301 E LAS OLAS BLVD	mpany:		ng address of limite  MAY BE POS		-	-
		FT. LAUDERDALE, FL 33301						
		01/25/2010		L10000	008980			
3.		Date of filing/registration in Florida	a 4.	Doc	cument number			
5.	(a)	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the  1201 HAYS STREET Registered Office Address (MUST BE FLORIDA	· 					
	<b>/L</b> \		, FL_ <u>32301</u>			25 25 25	<b>2016</b> OCT	7
	(b)	FRANK WEINBERG & BLACK P.L. Enter name of NEW Registered Agent and/or NEW	Pagistarad Office add	Macr.		3,71	1	È.
		7805 SW 6th Court	Registered Office add	<u> </u>			<b>=</b>	
		NEW Registered Office Address:						
		C/O DAVID BLACK, ESQ.		<del>_</del>			ಚಿ	
		PLANTATION	. FL <u> 33324</u>			7.	7	
th ag wa	e cha ent v as/we	mited liability company is not organized unonge or changes are made, the Florida street a will be identical. Or, in the case of a Florida lare authorized by an affirmative vote of the notes of organization or the operating agreement.	address of the regist imited liability con nembers of the limi	ered office and pany, it is here ted liability con	the business of by confirmed the mpany or as oth	ffice of that the c	the re	gistered e(s)
-	Signa	ure of a member or authorized representative of a mem	nber	Prin	nted or typed name	of signee		
I pr th to	herei ovisi e obl mere	by accept the appointment as registered agen- ons of all statutes relative to the proper and igations of my position as registered agent a ly reflect a change in the registered office ad l'in writing of this change.	nt and agree to act.	in this canacity	I further astree	to com	nlv w	ith the l accept ng filed been
S	gnatu	re of Registered Agent						