110000033161

, (Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



100316999771

06.15/18--01008--903 **25.20

COVER LETTER

* * * * * * *

INHS18 (2/14)

	O: Registration Section Division of Corporations					
SUBJEC'	553 NE 65 ST LLC					
	Name of Limited Liability Company					
Dear Sir c	or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ARTHUR NOGUERA						
	Name of Person					
553 NE 65 ST LLC						
	Firm/Company					
175 SW 7 ST STE 1523						
	Address		•			
MIAMI,	FL 33130					
	City/State and Zip Code		-			
ARTHUR.NOGUERA@URBANNIC.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
ARTHU	R NOGUERA	305	864-0000			
	Name of Person	,	Area Code & Daytime Telephone Number			
R D C 2	Registration Section Division of Corporations Clifton Building 1661 Executive Center Circle Callahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314			
Enclosed is a check for the following amount:						
Ę.	■ \$25 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.

l. Na	me of the limited liability company: 553 NE 65 ST	LLC		
2. (a)	175 SW 7 ST STE 1523	(b) 175 SW	(b) 175 SW 7 ST STE 1523	
2. (a)	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 FL 33130	MIAMI F	FL 33130	
	08/09/2018	L100000	33161	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ARTHUR NOGUERA		_	
<i>J.</i> (u)	Registered Agent and Registered Office shown on the records of to 540 NW 7 ST	he Florida Dept, of Stat	- c:	
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	- 200	
	STE 1			
	MIAMI, ,FL,	33136	10000000000000000000000000000000000000	
(b)	ARTHUR NOGUERA		8 NO 15 NO 50	
()	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- <u> </u>	
	175 SW 7 ST		-	
	NEW Registered Office Address:			
	STE 1523		_	
	MIAMI	33130	_	
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it of the limited liability	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee	
I here provisi the obi to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ve to act in this cap performance of my d for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent			

. . , . . .