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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to F	ilina Officer:	·•		
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DIVISION OF CORPORATION

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B. KOHR

NOV - 9 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		NE 31ST STREET, LLC Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the following:
	Tiffony Fooloy	10 NOV -5
	Tiffany Easley Name of Person	· ·
		PH P
	Weiner & Lynne, PA	ā
	Firm/Company	
	10 S.E. 1st Ave., Suite C	;
	Delray Beach, FL 33444 City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
E-	teasley@zonelaw.com	notification)
For fu	rther information concerning this mat	tter, please call:
	Tiffany Easley	at (561) 265-2666
	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 followi	ing amount:
	\$25 Filing Fee \$\times \text{ 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 608.416 or 608.508, 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.

-8,,				
1. Name of the limited liability company:	1751 N	E 31ST STREET.	LLC	
2. (a) Principal office address of limited liability company		499 NE Mizne		
(Note: MUST BE STREET ADDRESS)		Boca Raton, FL 33432		
(b) Mailing address of limited liability company:	·	PO Box 812410	y 6	
(Note: MAY BE POST OFFICE BOX)	Boo	a Raton, FL 33481	778	
5/11/10		L100000507	778 ち	
3. Date of filing/registration in Florida	4. D	ocument number		
5. (a) Registered Agent and Registered Office show	n on the re	cords of the Florida De	ept. of State:	
Registered Agent:	MIC	MICHAEL WEINER & ASSOCIATES, R		
Registered Office Address:		S.E. 1st Ave., Suite C ray Beach, FL 33444	<u> </u>	
NEW Registered Agent: NEW Registered Office Address:		BARRY SCHWARZBERG 499 NE Mizner Blvd, TH18		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		499 NE Mizner Blvd. TH18		
	Boo	ca Raton	,FL <u>33432</u>	
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida	a street address of the re	egistered office	
Barry Schwarzberg Printed or typed name of signee				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree the proper my position to merely mpany has	to act in this capacity. and complete performon as registered agent a reflect a change in the been notified in writin	I further agree to ance of my duties, s provided for in registered office ig of this change.	
Signature of Registered Agen				

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