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COVER LETTER

Registration Section

TO:

Divi	sion of Corporations						
CUB IECT.	BLANDI 900 BISCAYNE LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or M	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the	ne following:				
Sarah M. Gri	cb						
	Name of Person						
Roctzel & Ar	ndress						
	Firm/Company						
850 Park Sho	ore Drive, Third Floor						
	Address		- 				
Naples, FL 3	4110						
	City/State and Zip Code						
SGrieb@rala	w.com						
E-mail	address: (to be used for future ann	ual report no	tification)				
For further in	nformation concerning this matter,	please call:					
Sarah M. Gri	eb	239 at (649-6200				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the following	amount:					
■ \$.	25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				
INHS18 (2/1-	1)						

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.

2. (a)	1175 York Ave., Apt. 15H		(b)(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability			
	New York, NY 10065		Now V	(Note: MAY BE POST OFFIC ork, NY 10065	<u>E BON</u>)		
				OK 1 10003			
	06/10/2010		1.100000	62205	<u>. </u>		
	Date of filing/registration in Florida	4.		Document number	 -		
. (a)	Weinberg, Mark S						
	Registered Agent and Registered Office shown on the records of	State:	139 6U				
	Registered Office Address	TADDRES	<u>:S)</u>	-	73		
	333 S.E. 2nd Avenue, Suite 3200				t '		
	Miami	L_33131			<u>ခု</u> မွာ ဟို		
(0)	C T CORPORATION SYSTEM			ناری _ه	C) C)		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:				
	James H. Halpin, Asst. Secretary						
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation F	33324 L					
ent wi as/wer	nited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li e authorized by an affirmative vote of the members of les of organization or the operating agreement of the	register ability co of the lin- limited l	ed office a ompany, it	and the business office of the re is hereby confirmed that the ch	gistered		
Signatu:	re of a member or authorized representative of a member		<u> </u>	Printed or typed name of signee	_		
	accept the appointment as registered agent and agents of all statutes relative to the property		t1 ·	• • • • • • • • • • • • • • • • • • • •			