## L10000113042

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

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## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
STC Woodbridge Investors, L	LC
SUBJECT: Name	of Limited Liability Company
Dear Sir 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:
Steven Schiff	
Name of Person	
OTO Manada dalam lavorata da 110	
STC Woodbridge Investors, LLC	
Firm/Company	
1501 Venera Avenue Suite 201	
Address	
Coral Gables, FL 33146	
City/State and Zip Code	
Eva@schiffco.net	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pl	
Tot tatter mornation concerning this matter, p.	rease can.
Eva Salas	305 274-3000 at (
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	Tununussee, Tiorida 5251-1
Enclosed is a check for the following a	mount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## \* 'STÄTEMENT 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.

1. Na	ame of the limited liability company: STC Woodbe	ridge Investo	ors, LLC		
2. (a)	STC Woodbridge Investors, LLC	(b) ST	C Woodbridge Investors, LLC		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	1501 Venera Avenue Suite 201	15	01 Venera Avenue Suite 201		
	Coral Gables, FL 33146	Co	oral Gables, FL 33146		
	10/29/2010	L10	000113042		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Steven Schiff				
). (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept	. of State:		
	Steven Schiff		·		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	9955 N Kendall Drive Suite 205	·			
	Miami , F.	<sub>L</sub> 33176	2018 POW IN F		
(b)	Steven Schiff				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address	TATE ORIDA		
			ent en		
	NEW Registered Office Address:				
	1501 Venera Avenue Suite 201				
	Coral Gables , F	<sub>L</sub> 33146			
the cha agent v was/w	limited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of again, attoriant the operating agreement of the	of the registere liability compa of the limited e limited liabil	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
Signa	nture of a member or authorized representative of a member		Printed or typed name of signce		
provis the ob to mer	by accept the appointment as registered agent and agent on solutions of all statutes relative to the proper and complete ligations of my position as registered agent as provided in the registered office address, is a supply full change.	gree to act in to e performance led for in Chap I hereby confir	his capacity. I further agree to comply with the cof my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been		
Signati	ire of Registered Agent				