

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
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APR 29 2015

R. WHITE Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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DIVISION OF CORPORATIONS  
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LLC REGISTERED AGENT CHANGE  
AZRAN MIAMI 2 LLC

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STATE OF FLORIDA  
TALLAHASSEE

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AZRAN MIAMI 2 LLC

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:

JACKIE GIBSON

Name of Person

AZRAN MIAMI 2, LLC

Firm/Company

111 W WASHINGTON ST. SUITE 1020

Address

CHICAGO, IL 60602

City/State and Zip Code

JACKIE@21FORECLOSURE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE GIBSON

Name of Person

at (312) 781-6999

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 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. Name of the limited liability company: AZRAN MIAMI 2 LLC
2. (a) 111 W. Washington St (b) 111 W. Washington St.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Suite 1020 Suite 1020  
Chicago, IL 60602 CHICAGO, IL 60602
- 01/12/2011 L11000005033  
3. Date of filing/registration in Florida 4. Document number

- 5.(a) JACKIE GINEON  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
848 BRICKELL AVENUE SUITE 302  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33131

- (b) CT Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

JACKIE GINEON  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: [Signature] Jenifer Vincent  
Signature of Registered Agent Vice President & Assistant Secretary  
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

TNHS18 (2/14)

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