

JUN/23/2015/TUE

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Katz Baskies LLC

FAX N 561-91

P. 11

**L11000117963**

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

From: Account Name : KATZ BASKIES LLC  
Account Number : I20080000071  
Phone : (561)910-5700  
Fax Number : (561)910-5701

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 JUN 23 AM 8:07

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

Email Address: thomas.katz@katzbaskies.com

LLC REGISTERED AGENT CHANGE  
155 AND 189 SE 3RD AVE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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15 JUN 23 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 155 and 189 SE 3rd Ave., 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:

Thomas O. Katz, Esq.  
Name of Person

Katz Baskies, LLC  
Firm/Company

2255 Glades Road, Suite 240 West  
Address

Boca Raton, FL 33431  
City/State and Zip Code

thomas.katz@katzbaskies.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas O. Katz at ( 561 ) 910-5700  
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 following amount:**

\$25 Filing Fee

\$55 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.

1. Name of the limited liability company: 155 and 189 SE 3rd Ave., LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 102 NE 2nd Street, Suite 305 Boca Raton, FL 33432 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 102 NE 2nd Street, Suite 305 Boca Raton, FL 33432

3. Date of filing/registration in Florida: 10/14/2011 4. Document number: L11000117963

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Linzner, Beth E. Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 2295 NW Corporate Blvd., Suite 235 Boca Raton, FL 33431

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Thomas O. Katz, Esq. NEW Registered Office Address: 2255 Glades Road, Suite 240W Boca Raton, FL 333431

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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

Beth E. Linzner 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 the change.

[Signature] Signature of Registered Agent

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