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(Re	equestor's Name)					
(Ac	ldress)					
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DUT 0/5 2015 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: EAGLE APTS, LLC				
Name of Limited	d Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to t	the following:			
Nestor Gorfinkel				
Name of Person				
Registered Services, LLC				
Firm/Company				
2241 Hollywood Blvd.				
Address	 			
Hollywood, FL 33020	SECR			
City/State and Zip Code	HE S			
fl.regservices@gmail.com	SRY C			
E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter, please call:	CRIDA			
Nestor Gorfinkel 305	932-5757			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section				
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				

□ \$55 Filing Fee & Certified Copy

2015 NAY 29 P 1

INHS18 (2/14)

☑ \$25 Filing Fee

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. N	ame of the limited liability company: EAGLE APTS	5, LLC									
2. (a)	Principal office address of limited liability company: (b) Mailing ac						ig address of limited liability company: te: MAY BE POST OFFICE BOX)				
3.	11/03/2011 Date of filing/registration in Florida	 	_ 	110001	25569 Document nu	ımber					
5. (a)											
J. (a)	Registered Agent and Registered Office shown on the records of Registered Services, LLC Registered Office Address (MUST BE FLORIDA STREET) 20818 West Dixie Highway			Dept. of Sta	 te: 						
		3318	0		_ _						
(b)				ess:			SECRETARY OF STATE	2015 MAY 29 戸年11	FILED		
	Hollywood	3302	0		_	•	>	0			
the ch agent was/w the art Signa I here provis the obto mer notifie	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liferer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the lature of a member or authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are of Registered Agent	ws of the repair the limited in the	he S giste con imit d lia	ered officenpany, it ed liability co	ce and the busing hereby confit ty company or mpany. Printed or type	ness of rmed as ot	office of that the herwise	f the re e chang provice	gistered ge(s) led in		

FILING FEE: \$25.00

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