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| (Re | equestor's Name) | | | | | |
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| (Ac | ddress) | | | | | |
| (Address) | | | | | | |
| (Ci | ity/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| (В | usiness Entity Name) | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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COVER LETTER

| Division of Corporations | * | | | | | | | |
|--|---|--|--|--|--|--|--|--|
| 3720 Croydon LLC. | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| Dear Sir or Madam: | | | | | | | | |
| The enclosed Registered Agent/Regist | ered Office Change and fee(s) are submitted for filing. | | | | | | | |
| Please return all correspondence conce | erning this matter to the following: | | | | | | | |
| Joshua M. Entin, Esq | | | | | | | | |
| Name of Person | on | | | | | | | |
| Entin & Della Fera, P.A. | | | | | | | | |
| Firm/Compan | у | | | | | | | |
| 633 S. Andrew Ave. Suite 500 | | | | | | | | |
| Address | | | | | | | | |
| Ft. Laudedale, Fl 33301 | | | | | | | | |
| City/State and Zip | p Code | | | | | | | |
| raul.frontal@southbeachgroup.c | com | | | | | | | |
| E-mail address: (to be used for f | uture annual report notification) | | | | | | | |
| For further information concerning the | is matter, please call: | | | | | | | |
| Raul Frontal | 305 609-6700 | | | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | | | |
| STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Registration Section Division of Corporations P.O. Box 6327 | | | | | | | |
| 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. Na | ame of the limited liability company: 3720 Croydon | LLC | | | | | |
|---|--|--|--|--|---|-----------------------------|--|
| 2. (a) | 3720 Collins Ave | | (b) 1680 Meridian Ave. | | | | <u></u> |
| (**) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ' | | Mailing address of (Note: MAY BE | | - | |
| | Miami Beach, FL 33140 | | Attn. Raul Frontal | | | | |
| | | _ | Miami Be | each, Fl 331 | 39 | | |
| | 12/13/2011 | | L1100013 | 9863 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document num | nber | | |
| 5. (a) | PCCO, INC | | | | | | |
| J. (a) | Registered Agent and Registered Office shown on the records of the | he Florie | la Dept. of State | :: | | | |
| | 1680 Meridian Ave | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRES | <u>(S)</u> | | 至台 | 3 | |
| | Suite 102 | | | | ر برجر | AGN 9 | |
| | Miami Beach .FL | 33139 |) | • | SSVI | | 2 - 1000 2 - 2 - 1000 |
| (1-) | Entin, Joshua M. Esq | | | | SEE, F | AH II: | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office a | ddress: | | 2008 VILS | Ξ | Same of the same o |
| | 633 S. Andrews Ave. | | | | D. | (a) | |
| | NEW Registered Office Address: | | | | | | |
| | Suite 500 | | | | | | |
| | Ft. Lauderdale . FL | 33301 | | | | | |
| the cha agent was/we the arti- Signat | mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law ure of a member or authorized representative of a member by accept the appointment as registered agent and agree | the reg bility of the linited Ala | istered office ompany, it is mited liability com an Lieberman Lieberman tieberman tieb | and the busine hereby confirm company or as pany. Printed or typed notice. I further. | ss office med that s otherwant of s | t the covise project | ne registered hange(s) rovided in |
| provision the oblication to the oblication to the | ins of all statutes relative to the proper and complete to the proper and complete to gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | perform for in ereby o | nance of my a Chapter 605, confirm that t | luties, and I am F.S. Or, if thi he limited liabi | familio s docum lity con | ar witi nent is npany | n and accept being filed has been |
| Signatur | e of Registered Agent | | | | | | |