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(Requestor's Name)				
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(Document Number)				
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APR 04 LUIO J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations :					
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:					
Subuy Janiv Name of Person					
Firm/Company LLC					
11331 NW 6 St. Address					
Plustoton 23325 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Yaniv Sabay at (646), 651-5667 Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building C661 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 & 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.

2 (O) (WW)	11 - 11	1 1	1 1 .	
1. Name of the limited liability company:	- MCity	Living	LLL	
2. (a) 151 N. NOB Hill Kg)(b)			
Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	•	- C	of limited liability compar BE POST OFFICE BOX	•
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		! <u>\$</u> L_/V	NO THE	<u>31 >v</u> €
plantation, EV 3332	<u> </u>	antotion. P	7 33324	
3/20/16	·	L12000	010680	
3. Date of filing/registration in Florida	4.	Document n		
5. (a) NYCITY LIVING LL	(/ yariv	Sabas		
Registered Agent and Registered Office shown on the r				
Registered Office Address (MUST BE FLORIDA S	STREET ADDRESS)			
11331 NIS G St.	ď		and . Sime of the	
Plantion	.FL 333 W		E 6	
,			APR AHA	
(b) NYCHY Living L	-LC/ Yaniu	Sabar	- SS	
Enter name of NEW Registered Agent and/or NEW F	Registered Office address:	_ /		: ;
151 N. NOG-Hill 1	2n suit	770	PM 12: 34 UF SIAI	
NEW Registered Office Address:	<u> </u>			
<u></u>				
01	2222			
Plantation	, fl <u> </u>	<u>-4</u>		
If the limited liability company is not organized under	er the laws of the State	of Florida, it is he	reby confirmed that a	after
the change or changes are made, the Florida street as agent will be identical. Or, in the case of a Florida !	ddress of the registered	I office and the bus	iness office of the re	gistered
was/were authorized by an affirmative vote of the m	embers of the limited l	liability company o	r as otherwise provid	led in
the articles of organization or the operating agreeme	int of the limited flabili		Color	
Signature of a member of authorized representative of a mem	ber	Printed or typ	SQJU-9 ed name of signee	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of the obligations of my position as registered agent as to merely reflect a change in the registered office an notified in writing of this change	t and agree to act in th	is capacity. I furth	her agree to comply w	vith the l accept ng filed been
Signature of Registered Agent				

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

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