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COVER LETTER

1NHS18 (2/14)

TO:	Registration Section Division of Corporations							
CHRIL	EDNELI PROPERTIES LLC							
SOBJE	SUBJECT: Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.					
Please	return all correspondence concerning this i	natter to the fo	Howing:					
MABE	EL MORENO							
	Name of Person		•					
	Firm/Company		-					
	1 unit Company							
20920	NE 24TH CT							
	Address		•					
MIAM	II FL 33180							
	City/State and Zip Code							
npj20	9@bellsouth.net							
E	-mail address: (to be used for future annua	l report notifica	ntion)					
For fur	ther information concerning this matter, pl	ease call:						
MABE	EL MORENO	305 at (710-8358					
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314					
	Enclosed is a check for the following ar	nount:						
	□ \$25 Filing Fee	Ø\$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.

I. Na	me of the limited liability company: EDNELI PR	OPER1	TIES LLC			
2. (a)	MABEL MORENO		(b) MABEL MORENO			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_	ess of limited liability AY BE POST OFFIC	
	20920 NE 24TH CT		20920 N	E 24TH (СТ	
	MIAMI FL 33180		MIAMI F	L 33180		
	2/21/2012		L1200002	25433		
3.	Date of filing/registration in Florida	4.		Document	t number	
5. (a)	AGENTS AND CORPORATIONS, INC					
. (u)	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept, of State	- -		
	300 FIFTH AVE. SOUTH					
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE.	SS)		28	
	SUITE 101-330				C 59	7
	NAPLES	L 3410	2		2019 NOV 12 SECHE IARY	
(b)	MABEL MORENO				2 ≥	FILED
, ,	Enter name of NEW Registered Agent and/or NEW Register	ed Office :	address:	-	င္တြင္း တ	
	20920 NE 24TH CT				50	
	NEW Registered Office Address:			•		
				-		
	MIAMI	_{L_} 3318	 	_		
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the united agreement of the united agreement of the accept the appointment as registered agent and a constant of the proper and completingations of my position as registered agent as provided the proper and completing of the change in the registered office address, by whiting of this change.	of the regliability of the limited	gistered office company, it is mited liabilit I liability con	e and the bis hereby coy company upany. Del Merited or ty	usiness office of tonfirmed that the or or as otherwise p	he registered change(s) rovided in