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(Address)					
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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Georgia Not Name o	eS 18 LLC Climited 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 m	
Trease return an correspondence concerning this th	latter to the following.
Maxim Goldstein	
Name of Person	
Georgia Notes 18 llc	
Firm/Company	
88 sw 7th st apt#2601	
Address	
Miami, Fl, 33130	
City/State and Zip Code	
m9546835820@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Maxim Goldstein	954 683-5820 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	,
Enclosed is a check for the following am	ount:
■ \$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: GEORGIA NOT	ES 18 LL	C			
2. (a)	(h)			
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address	of limited liability co	ompany:
	17555 COLLINS AVE., #3702		17555 CO	LLINS AVE., I	#3702	
	SUNNY ISLES BEACH, FL 33160		SUNNY	ISLES BEACH	I, FL 33160	
	06/13/2012		L1200007	8675		
3.	Date of filing/registration in Florida	4.		Document nu	umber	
5. (t	PAUL AIELLO					
٥. (د	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	te:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>			
	831 ANDALUSIA AVENUE				2(E	
	CORAL GABLES . FI	33134		_	2024 OCT S_Che:	<u> </u>
(b	Maxim Goldstein				7-9 7-8-1-9	প্রাক্ষা গে ক্রো ল
`	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:	_		
	NEW Registered Office Address:			_	28 .iii .j,	
	88 sw 7th st APT#2601					
	00 3W 7M 3C7C TH2001	<u> </u>		_		
	Miami FI	33130		_		
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members eticles of organization or the operating agreement of the	registere ability co of the lim	ed office an mpany, it is ited liabilit iability con	d the business s hereby confi sy company or	s office of the reg irmed that the ch as otherwise pro	gistered ange(s)
_	nature of a member or authorized representative of a member			.,	C	
I her provi the or to me notifi	eby accept the appointment as registered agent and aging sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I are injuriting of this change.	ree to act performo ed for in C hereby co	in this cap ince of my Chapter 605 onfirm that	acity. I furthe duties, and I a 5. F.S. Or, if t the limited lia	er agree to compl im familiar with his document is l ibility company h	ly with the and accept being filed as been
-Signa	ture of Registered Agent					