L120000 9F614

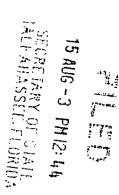
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



100275606051

08/03/15--01005---008 **25.00



AUG 0 4 2015 J SHIVERS

	COVER LETTER • •
TO: Registration Section	ς,
Division of Corporations	•
SUBJECT: WASHINGTON 123 LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
William Tordjman	
Name of Person	
Firm/Company	
2125 Biscayne Blvd. Suite 361	
Address	
Address	
Miami FL 33137	
City/State and Zip Code	
wtordjman@gmail.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, p	please call:
William Tordjman	786 295-1410
Name of Person	at ()Area Code & Daytime Telephone Number
. STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following a	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. N	ame of the limited liability company: WASHINGTO						
2. (a)	2125 Biscayne Blvd. Suite 361	(b) 2125 Biscayne Blvd. Suite 361					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	/ 	Mailing address of (Note: MAY BE	limited liab	oility co	
	Miami, FL 33137		Miami,	FL 33137			
	07/31/2012		L12000	098624			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	GENDRE, ANTOINE						
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of St	tate:			
	805 N ANDREWS AVENUE	_					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>		≥ on	4	ř.
		_				<u>∂</u> 7	
	FORT LAUDERDALE	L 33311				AUG	* 57
(b)	ROUGIER CLAUDE				SSEE.	-3 P	greens.
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					PH 12:	
	2125 BISCAYNE BLVD., SUITE 361				TATE ORIDA	1222 1222	** * #
	NEW Registered Office Address:						
	MIAMI , F	L_3313		<u> </u>			
the chagent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg iability c of the lir e limited	istered offi ompany, it nited liabil liability co	ice and the busing t is hereby confir: lity company or a	ess office med that	of the the ch	e registered ange(s)
Signa	nture of a member or authorized representative of a member			Printed or typed	name of sig	nee	
provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of that change.	gree to ac e perforn ed for in hereby c	t in this co nance of m Chapter 6 confirm the	amanita. I familian		00445	ly with the and accept being filed as been