## U200105789

(Re	questor's Name)					
(Address)						
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(City/State/Zip/Phone #)						
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. (Do	cument Number)	)				
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SECRETARY OF STATE

APR 2 0 2016 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Effective Realty Brickell LC  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:	
Name of Person	16 PA 31
Firm/Company	L.
1110 Brckell Avenue Suite 506 Address	ā
Miami, Flonda 33131 City/State and Zip Code	
francishawley Comail. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Trancis N. Hawley at (786) 3951414  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  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	

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	me of the limited liability company: Effection	e Rec	21/4	Bnckel	1 LLC	
	151 Crondon Blud Ap 205 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		rana: Ma	shawlec iling address of limit Note: MAY BE PO.	ed liability con	npany:
	Key Biscoyne Fl. 33149					
3. 5. (a)	Date of filing/registration in Florida  Trancis N. Hawley  Registered Agent and Registered Office shown on the records of the state of	4. he Florida Dep	D	00010591 ocument number		SECRETARY OF S
	151 Crondon Blud Ap 2 Registered Office Address (MUST BE FLORIDA STREET A Key Biscoune fl. 3314	(DDRESS)			2: 16	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	<u> </u>			
	NEW Registered Office Address:					
	, FL					
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere bility compa f the limited	ed office a any, it is h I liability o	nd the business of ereby confirmed company or as other	office of the that the cha	registered nge(s)
Signat	ure of a member or authorized representative of a member		P	rinted or typed name	of signee	<del></del>
I herel provision the oblit to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to act in to performance I for in Chap pereby confir	this capac.	itv I further aer	ee to comply	with the accept eing filed as been
Signatur	e of Registered Agent					