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1. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	58TH COURT, LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Office Ch	hange and fee(s) are submitted for filing.			
Please	return all correspondence concerning this mat	tter to the following:			
LIND	SEY BROWN				
	Name of Person				
	Firm/Company				
550 9	SOUTH DIXIE HIGHWAY				
	Address				
COR	AL GABLES, FL 33146				
	City/State and Zip Code				
LIND	SEYEWM@GMAIL.COM				
Е	E-mail address: (to be used for future annual re	eport notification)			
For fur	rther information concerning this matter, please	se call:			
LIND	SEY BROWN	305 494-3398			
	Name of Person	Area Code & Daytime Telephone Num	ber		
	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 amou	unt:			
	☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy			
INHS13	8 (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.

7 107 10					
1. N	ame of the limited liability company: 58TH COURT	, LLC			
2. (a)))) _		
<i>-</i> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	550 SOUTH DIXIE HIGHWAY	_	550 SOUTH DIXIE HIGHWAY		
	CORAL GABLES, FL 33146	-	CORAL GABLES, FL 33146		
	08/23/2012		L12000108645		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	1				
J. (u	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State:		
	BROWN, LINDSEY E				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	5)		
	355 ALHAMBRA CIRCLE				
	CORAL GABLES, FL	33134	22 28 28 28 28 28 28 28 28 28 28 28 28 2		
			Wress:		
(b)					
Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	BROWN, LINDSEY E		AH IO LS		
	NEW Registered Office Address:				
	550 SOUTH DIXIE HIGHWAY				
	CORAL GABLES, FL	33146			
the ch agent was/w the ar	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	the regi bility co the lin imited	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) litted liability company or as otherwise provided in		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	by accept the appointment as registered agent and agrections of all statutes relative to the proper and complete publications of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	perform for in (tance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed		

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

Signature of Registered Agent