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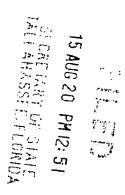
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Direct: (239) 593-6108 x 5117 Fax: (239) 236-1260

yvonne.osgood@fisherbroyles.com www.FisherBroyles.com

August 18, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re:

Matthew Brown 05378

Statement of Change-Registration Office/Agent

Hello:

Enclosed please find Statements of Change of Registered Office/Agent for the following along with check no. 1009, in the amount of \$345.00 payable to the Florida Department of State for the required fees:

- 1. 190 1st Avenue North, LLC
- 2. 215 3rd Avenue North, LP
- 3. 1666 4th Street South, LP
- 4. 1920 6th Street South, LP
- 5. 1925 6th Street South, LLC
- 6. 482 13th Avenue South, LP
- 7. 2010 8th Street South, LP
- 8. 714 East Lake Drive, LP
- 9. Spicers-Florida, LLC
- 10. Linden Naples, Inc.
- 11. VIV Realty, LLC

If you should any questions regarding the enclosed, please do not hesitate to contact me. Thank you.

Sincerely,

Yvonne Osgood

Real Estate Paralegal

/yo Enclosures

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	190 1ST AVENUE NORTH, LL	.C, a Flori	da limited liability company
	Name o	f Limited L	iability Company
Dear Si	r or Madam:		
The enc	closed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.
Please r	return all correspondence concerning this n	natter to the	following:
DANIE	EL K. WEIDENBRUCH, ESQ.		
	Name of Person		wareners of the second of the
FISHE	ERBROYLES, LLP		
	Firm/Company		_
1415 [PANTHER LANE, SUITE 315		
	Address		
NAPL	ES, FL 34109		
	City/State and Zip Code		
DANIE	EL.WEIDENBRUCH@FISHERBRO	YLES.CO	М
É-	mail address: (to be used for future annual	report notif	ication)
For furt	her information concerning this matter, ple	ase call:	
DANIE	EL K. WEIDENBRUCH	239 at (593-6108 X 5115
	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	Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following an	iount:	
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INILICIO	(2/14)		

05378.0002

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: 190 1S	TAVENU	ΞN	ORT	H, L	.LC			
	(a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		(b)			Mailing address of lir (Note: MAY BE I			
		2020 8TH STREET SOUTH			202	T8 02	TH STREET SO	HTUC		
		NAPLES, FL 34102			NA	PLES	S, FL 34102			
		10/17/2012			L120	0001	32328			
3.		Date of filing/registration in Florida	4.	•			Document numb	er		
5	(a)	R&A AGENTS, INC.								
<i>3.</i> ((α)	Registered Agent and Registered Office shown on the re TRIANON CENTRE, THIRD FLOOR	······			of Stat	 			
		Registered Office Address (MUST BE FLORIDA S	TREET ADDE	ESS	<u> </u>					
		850 PARK SHORE DRIVE							ङ	
		NAPLES	, FL_341	03				李河	AUG	
ı	(b)	FisherBroyle, LLP			Maria -		_	ASSEE FI	320 F) shudaye. Shidayea E
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	egistered Offic	e ade	<u>dress</u> :			H SIAIL FLORIDA	PH 12: 51	Contract Con
		NEW Registered Office Address:					_	1		
		1415 PANTHER LANE, SUITE 315					_			
		NAPLES	, _{FL_} 341	09			_			
the	e cha ent v	mited liability company is not organized under nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida line are authorized by an affirmative vote of the me cles of organization or the operating agreemen	dress of the a mited liabilit	regis y co	stered mpar	l offic 1y, it i	e and the busines is hereby confirm	s office of that the otherwise	of the rate of the re-	egistered 1ge(s)
	Signa	ture of a member or authorized representative of a member	er -				Printed or typed na	me of sign	ee	
pro the to no	here ovisi e obl mer tified	by accept the appointment as registered agent on so all statutes relative to the proper and coing of the proper and coing of the position as registered agent as play reflect a change in the registered office add in writing of this change.	and agree to omplete perf provided for tress, I herel	act orm in C by co	in th ance Chapt onfirm	is cap of my er 60: n that	pacity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	gree to c familiar documen ity compo	omply with a nt is be any ha	with the nd accept sing filed is been
Si	gnatu	re of Registered Agent								
		Division of Corporations	P.O. Box 6	5327	• Ta	llaha	ssee, FL 32314			