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(Re	questor's Name)			
(Ad	dress)			
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SECRETARY OF STATE

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LAW OFFICES

RICHARD B. SCHREIBSTEIN, LLC

50 CORPORATE CENTER
10500 LITTLE PATUXENT PARKWAY
SUITE 305
COLUMBIA, MARYLAND 21044
PHONE (443) 276-1818
FAX (443) 276-1823

Michael A. Schreibstein Legal Assistant

DIRECT DIAL (443) 276-1822 E-mail: mike@rbslaw.net

August 27, 2013

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: 87 Avenue Hospitality, LLC

Dear Sir or Madam:

Enclosed please find an executed copy of the Statement of Change of Registered Office or Registered Agent or both for Limited Liability Company for 87 Avenue Hospitality, LLC along with a check in the amount of \$25.00 made payable to the Florida Department of State for the applicable filing fee.

We would appreciate if you can return a copy of the filing confirmation to my attention. Please contact me with any questions or concerns.

MAN IN

Michael A. Schreibstein Legal Assistant to Richard B. Schreibstein

MAS/mas Enclosure

COVER LETTER

TO: Registration Section Division of Corporations

87 Avenue Hospitality, LLC SUBJECT:

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:

Richard B. Schreibstein, Esquire

Name of Person

Richard B. Schreibstein, LLC

10500 Little Patuxent Parkway, Suite 305

Address

Columbia, Maryland 21044

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard B. Schreibstein, Esquire at (443) 276-1818

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:

■ \$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 608.416 or 608.508, 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: 87 Avenue Hospitalit	y, LLC		
2 (0)	Drivainal office address of limited lightlity company	· 3785 NM/ 82nd Avecus	جہ	
 (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS) 		Suite 204	- Trans	
	(Maic. Modrada Stranda Modrada)	Miami, Florida 33166		
			主二。	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		3785 NW 82nd Avenue		
		Suite 204 Miaml, Florida 33166	<u> </u>	
		Miami, Florida 33166	-17 -	
October	23, 2012	L12000134554		
		4. Document number	- 월 크	
J. Dat	e of ming/registration in riorida	. Document number	25	
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida Dept.	of State:	
	Registered Agent:	Derek A. Schwartz, P.A.		
	Year Indiana			
	Registered Office Address:	4755 Technology Way		
		Suite 205		
		Boca Raton, Florida 33431		
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent:	Chirag Desal		
	NEW Registered Office Address:	3785 NW 82nd Avenue		
(MUST BE FLORIDA STREET ADDRESS)		Suite 204		
		Miaml ,	FL 33166	
confirm and the liability the men	imited liability company is not organized under the land that after the change or changes are made, the Floridan business office of the registered agent will be identify company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the regist cal. Or, in the case of a Florida was/were authorized by an affi	tered office a limited rmative vote of	
Signature	of a member or abthorized representative of a member			
Chirag D	esai			
Printed o	r typed name of signee	•		
	ny accept the appointment as registered agent and age with the provisions of all statutes relative to the prom familiar with and accept the obligations of my post to 88, F.S. Or, if this document is being filed to mers, I hereby confirm that the limited liability company	ree to act in this capacity. I fu per and complete performance ition as registered agent as pro ely reflect a change in the regi, has been notified in writing of	orther agree to of my duties, ovided for in stered office this change.	
Signature	of Registered Agent			

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