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## **COVER LETTER**

~ TO:

TO: Registration Section Division of Corporations				
SUBJECT: Ribas Properties, LLC				
Nam	e of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
Jason Haber				
Name of Person				
Haber Blank, LLP				
Firm/Company				
888 S. Andrews Ave., Ste. 201				
Address				
Ft. Lauderdale, FL 33316				
City/State and Zip Code				
E-mail address: (to be used for future ann	ual report notification)			
For further information concerning this matter,	please call:			
Jason Haber	954 767-0300			
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			
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	ame of the limited liability company:	Properties, LLC	
2. (a)	5800 NE 19th Ave., Ft. Lauderdale, FL	. 33308 <sub>(b)</sub> 58	300 NE 19th Ave., Ft. Lauderdale, FL 33
2. (u)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/19/2012	L12	2000137337
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the re Haber, Stief & Blank, LLP Registered Office Address (MUST BE FLORIDAS)	ecords of the Florida Dep	
	100 SE 3rd Avenue, Ste. 2500	00004	14 SEP -8
	Ft. Lauderdale	, FL_33394	<b>6</b> 55
(b)			
	Enter name of NEW Registered Agent and/or NEW Research	egistered Office address	PH 12: 58
	NEW Registered Office Address:		<del></del>
	888 S. Andrews Avenue, Suite 201		
	Ft. Lauderdale	, <sub>FL</sub> 33316	
the character agent was/w	limited liability company is not organized unde ange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida livere authorized by an affirmative vate of the me icles of organization or the operating agreemen	dress of the registere mited liability compa embers of the limited at of the limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Ciama	ature of a member or authorized representative of a member		Haber, Attorney  Printed or typed name of signee
			this capacity. I further agree to comply with the e of my duties, and I am familiar with and acceptoter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
Signati	ye of Registered Agent		
/	Division of Corporations	• P.O. Box 6327• T LING FEE: \$25.00	Callahassee, FL 32314