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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : 120100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE 127 SE 7TH AVENUE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

COVER LETTER			
TO: Registration Section Division of Corporations			
SUBJECT: 127 SE 7TH AVE	NUE LLC		
	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Joshua Murphy			
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company			
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400		
Address			
Austin, TX 78735			
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:		
Joshua Murphy	888 705-7274		
Name of Person	Area Code & Daytime Telephone Numbe		
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		

□ \$25 Filing Fee

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

i im aa	·		
I. Na	me of the limited liability company: 127 SE 7T	H AVENUE L	LC
2. (a)	127 SE 7TH AVENUE	(b) 1438 3F	RD AVENUE, APT. 24E
(u)	Principal office address of limited liability company:	_	ailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	(Note: MUST BE STREET ADDRESS)	NITTA/ N/	
	DELRAY BEACH, FL 33483	- NEVV TO	ORK, NY 10028-1979
	1/28/2013	L13000	014006
3.	Date of filing/registration in Florida	4.	Document number
	BLUMBERGEXCELSIOR CORPORATE SER	RVICES, INC.	
5. (a)	Registered Agent and Registered Office shown on the records of the		
	155 OFFICE PLAZA DRIVE,		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	TALLAHASSEE, FL	32301	DIVISION TALL
	Registered Agent Solutions, Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	CONTROL LINE
	155 Office Plaza Dr.		PH 5: 24 EFFORATION
	NEW Registered Office Address:		30 July 21 71
	Suite A		<i>'</i> ഗ
	Tallahassee, FL	32301	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered office bility company, it is f the limited liability	hereby confirmed that the change(s) company or as otherwise provided in
	eith Pisani	Keith Pisani	Member
Siena	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst. Secretary
Signature of Registered Agent