## L13000016a46

(Demunetada Noma)									
(Requestor's Name)									
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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	350 HOLDINGS, LLC						
C. O IMPT	Name of Limited Liability Company						
Dear Si	ir or Madam:						
The end	closed Registered Agent/Registered Offi	ice Change and	i fee(s) are submitted for filing.				
Please 1	return all correspondence concerning the	is matter to the	following:				
Mirian	n Katz						
·////	Name of Person		<del></del>				
Vcorp	Services, LLC						
	Firm/Company						
25 Ro	bert Pitt Drive, Suite 204						
	Address		<del></del>				
Monse	ey, NY 10954						
***************************************	City/State and Zip Code						
Mkatz	@Vcorpservices.com						
E	-mail address: (to be used for future ann	ual report noti	fication)				
For furi	ther information concerning this matter,	please call:					
Mirian	n Katz	845 at (	425-0077				
	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:							
	2 \$25 Filing Fee	<b>-</b> 5	355 Filing Fee & Certified Copy				
ĮNHS18	3 (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.	Nà	ame of the limited liability company: 350 HOLDING	S, LL	C					
2.	(a)	1691 MIGHICAN AVENUE, STE. 601	(I	(b) 1691 MIGHICAN AVENUE, STE. 601					
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	, Transmitanthiam	M	failing address of limited liability (Note: MAY BE POST OFFIC		ŷ:	
		Miami Beach FL 33139	Miami Beach FL 33139						
		01/31/2013	_		0001	6246			
3.		Date of filing/registration in Florida	4.	**************************************	<del>,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	Document number	<del></del>		
_	(a)	CORPORATE CREATIONS NETWORK, INC	<b>).</b>						
5,	(a)	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. o	f State:	:		=₫ .d.	
		11380 PROSPERITY FARMS ROAD #221E					14.		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					APR	一学習	
							ಪ	~ <u>~</u> ~	
		PALM BEACH GARDENS FI S	33410	)			PH	Jen Jan	
							PHII: L	1871 2187 2187 2187	
	(b)	Vcorp Services, LLC						177 pm	
		Enter name of NEW Registered Agent and/or NEW Registered C	Mice a	idress:					
		5011 South State Road 7, Suite 106							
		NEW Registered Office Address:							
		والمراجعة							
		Davie 3	33314	<b>,</b> .					
		, FL							
th ag wi th	e cha entivas/we e arti	imited liability company is not organized under the law- ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he reg bility c the lin imited	istered o company mited lia liability	office y, it is ability y com	and the business office of hereby confirmed that the company or as otherwise	he reg change	istered (s)	
	Signa	ture of a member or authorized representative of a member		/		Printed or typed name of signee			
pr th to	rovisi e obl mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I hi d in writing of this change.	perform for in ereby o	nance o Chapte confirm	f my a r 605; that t	luties, and I am familiar wi F.S. Or, if this document the limited liability compan	nply wi th and is being y has b	th the accept g filed een	
ÿ	COL	Dervices LLC Murantal.	2	AG,	;4	Secretary			
S	gnatu	re of Registered Agent	/			1			

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