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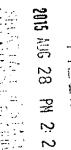
(Re	questor's Name)				
. (Address)					
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Rue Notre Dame Apartment	ts LLC			
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the f	following:		
Willia	m Hirshberg				
	Name of Person	1 2 3 1 1 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2			
	Firm/Company		_		
POB	402642		_		
	Address		_		
Miam	i Beach Fl 33140				
	City/State and Zip Code		***************************************		
whny	58@gmail.com				
E	-mail address: (to be used for future ann	ual report notifi	cation)		
For fur	ther information concerning this matter,	please call:			
Willia	m Hirshberg	786	570 1813		
	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	Reg Div P.O	ailling ADDRESS: gistration Section ision of Corporations b. Box 6327 lahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS18	8 (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.

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7155 Rue Notre Dame		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) POB 402642
	Miami Beach Fl 33141	<u>_</u>	Miami Beach Fl 33140
	April 19, 2013	L.	13000057801
	Date of filing/registration in Florida	— _{4.} –	Document number
	Urban Resource Inc		
. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	ent, of State:
	Attn Daniel Veitia		••••••
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	1193 71st st		3
	Miami Beach	_{FL} 33141	
(b)	William Hirshberg		
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	<u>ss:</u>
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	6799 Collins Ave Apt 806		<u> </u>
	Miami Beach	_{FL} 33141	
e cha gent v as/w e art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the member icles of organization or the operating agreement of the operating agreement of the member icles of organization or the operating agreement of the operating agr	laws of the St of the registe liability com s of the limite he limited lial	red office and the business office of the registered pany, it is hereby confirmed that the change(s)
e cha gent v as/w e art	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	laws of the St of the registe liability com s of the limite he limited lial	red office and the business office of the registered pany, it is hereby confirmed that the change(s) id liability company or as otherwise provided in bility company.

FILING FEE: \$25.00