L130000 74917

(Requestor's Name)						
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(Ac	ldress)					
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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divis	sion of Corporations				
SUBJECT:	Women's Club Miami Beach LLC				
22201	Name of Limited Liability Company				
Dear Sir or M	fadam:				
The enclosed	Registered Agent/Registered Office Cha	nge and fee	(s) are submitted for filing.		
Please return	all correspondence concerning this matter	r to the foll	owing:		
Joshua M.	Entin, Esq				
	Name of Person				
Entin & De	lla Fera, P.A.				
	Firm/Company				
633 S. And	rew Ave. Suite 500				
	Address				
Ft. Lauded	ale, Fl 33301				
	City/State and Zip Code	<u> </u>			
raul.frontal	@southbeachgroup.com				
E-mail	address: (to be used for future annual rep	ort notificat	ion)		
For further in	formation concerning this matter, please	call:			
Raul Fronta	al at (3 05	609-6700		
	Name of Person	A	rea Code & Daytime Telephone Number		
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle hassee, Florida 32301	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314		
Encl	osed is a check for the following amour	ıt:			
□ \$2	5 Filing Fee	□ \$55 F	iling Fee & Certified Copy		

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.

Ná	nme of the limited liability company: Women's Club	Miam	i Beach L	LC		·	
(a)	2401 Pine Tree Dr	(b) 1680 Meridian Ave. Suite 102					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Miami Beach, FL 33140		Attn. Ra	ul Frontal	tal		
			Miami B	each, Fl 3	33139		
	05/22/13		L1300007	74917			
	Date of filing/registration in Florida	4.		Document i	number		<u> </u>
(a)	Gary Korn PA						
(4)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	e:			
	20801 Biscayne BLVD						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u> </u>	-			
	Suite 501						
	Aventura	33180		_		2	
	Entin, Joshua M. Esq			_	4117 4117 4107	2815 N	THE PARTY OF THE P
(b)	Enter name of NEW Registered Agent and/or NEW Registered (0.661-		_	AHASSE	NON I	CERTIFICATION OF THE PERSON OF
	Enter hame of NEW Registered Agent and/or NEW Registered (Omce add	iress:		33.50 3.50 3.50 5.50 5.50 5.50 5.50 5.50	σ	E G Can services
	633 S. Andrews Ave.					<u> </u>	
	NEW Registered Office Address:			_	FLORIDA	0: :	
	Suite 500			_	5	အ	
	Ft. Lauderdale	33301					
he li	imited liability company is not organized under the law	s of the	State of Flo	- orida it is he	erehy co	nfirma	ed that after
cha ent v	inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of	the regis bility co	tered office mpany, it is	e and the bus s hereby con	siness of ifirmed t	fice o	f the register e change(s)
arti	cles of organization or the operating agreement of the l	imited l	ability con	npany.	n as oni	ei wisc	provided in
		Alar	ı Lieberm	nan			
Signat	ture of a member or authorized appresentative of a member			Printed or typ	ed name	of signe	е
ovisi obl. mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ee to act performa for in C ereby co	in this cap ince of my hapter 605 infirm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	her agre am fam this doc iability c	e to co iliar v cumen compa	omply with the with and acce t is being file ny has been
	re of Projetered Agent						