

L13000075502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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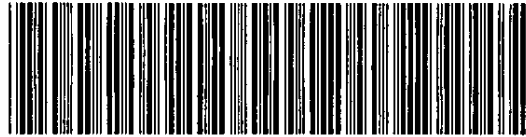
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

N. Ouligan SEP 1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olas Apartments LLC

Name of Limited Liability Company

Dear Sir or Madam:

- The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
- Please return all correspondence concerning this matter to the following:

William Hirshberg

Name of Person

Firm/Company

POB 402642

Address

Miami Beach FL 33140

City/State and Zip Code

whny58@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Hirshberg

Name of Person

at (786) 570 1813

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

**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. Name of the limited liability company: Olas Apartments LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
1501 SE 2nd Court
Ft Lauderdale FL 33301

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
POB 402642
Miami Beach FL 33140

May 23, 2013

L13000075502

3. Date of filing/registration in Florida

4. Document number

5. (a) Jeffrey Pardo Esq

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

200 SE First Street Suite 700

Miami, FL 33131

(b) William Hirshberg

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Office Address:

6799 Collins Ave Apt 806

Miami Beach, FL 33141

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

William Hirshberg

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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2015 AUG 28 PM 2:00
TALLAHASSEE, FLORIDA
DIVISION OF STATE
CORPORATIONS