Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GHSK SERVICES LLC

Account Number : I20210000099 Phone : (212)682-1800

Fax Number : (212)682-1850

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

Email:	Address:			
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## LLC REGISTERED AGENT CHANGE 1331 BRICKELL BAY DRIVE #3803 LLC

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

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Corporate Filing Menu

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SEP 30 2023

9:59

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJE		T:  Name of Limited Liability Company					
SUBJE	•						
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered C	office Change a	nd fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to the	ne following:				
	DARLIN ESPINOSA						
	Name of Person						
	Grant, Herrmann, Schwartz & Klin	iger LLP					
	Firm/Company		<del></del>				
	1001 BRICKELL BAY DRIVE SUIT	ΓE 1504					
***************************************	Address		<del></del>				
	MIAMI, FL 33131						
	City/State and Zip Code	<u>,                                      </u>	merene_u				
	despinosa@ghsklaw.com						
E	-mail address: (to be used for future a	nnual report no	tification)				
For fur	ther information concerning this matte	or, ploase call:					
Darlin l	Espinosa	305 at (	317-0104				
•	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	ng amount:					
	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				
INHS18	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. Name of the limited liability company:	1331 BRIC	KELL BAY DRIVE #3803 LLC		
2. (a) 1331 BRICKELL BAY DRIVE		(b) 1331 BRICKELL BAY DRIVE		
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)		
Apt. 1209		Apt. 1209		
MIAMI, FL 33131		MIAMI, FL 33131		
7/11/2013		L13000098768		
3. Date of filing/registration in Florida	4.	Document number		
5. (a) SH REGISTER AGENTS INC				
Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:		
333 S.E. SECOND AVENUE				
Registered Office Address (MUST BE FLORIDA STREE	TADDRESS			
SUITE 2000				
MIAMI	FL_33131	<del></del>		
,	FL	2025		
(b)GHSK SERVICES LLC		ි දර		
Enter name of NEW Registered Agent and/or NEW Register	red Office add	Iress:		
1001 BRICKELL BAY DRIVE		<u> </u>		
NEW Registered Office Address:				
SUITE 1504				
$\wedge$		9		
MIAMI	FL_33131			
If the limited liability company is not organized under the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of the	he registere liability cor s of the limi	d office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
	N A. HADAD			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provit to merely reflect a change in the registered office address, notified in writing of this change.  Signature of Registered Agent	igree to act te performa ded for in C I hereby co	Printed or typed name of signee in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		