L13000-104944

(Requestor's Name)			
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PICK-UP	WAIT	MAIL	
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(DC	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to	Filing Officer:		
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Office Use Only



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COYER LETTER

Registration Section 🗸

TO:

INHS18 (2/14)

Divi	sion of Corporations				
SUBJECT:	Think Big 26th Street, LLC				
SOBSECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Office	: Change and fe	ee(s) are submitted for filing.		
Please return	n all correspondence concerning this	matter to the fo	llowing:		
Doug Levi	ne				
	Name of Person		-		
Levine Ma	ınagement				
	Firm/Company		-		
1602 Altor	n Rd, #126				
	Address		-		
Miami Bea	ach, FL 33139				
	City/State and Zip Code		-		
douglevine	eEA@gmail.com				
E-mail	address: (to be used for future annua	l report notific	ation)		
For further i	nformation concerning this matter, pl	ease call:			
Doug Levi	ne	786	877-5322		
	Name of Person	. \	Area Code & Daytime Telephone Number		
Reg Divi Cliff 266	REET/COURIER ADDRESS: istration Section ision of Corporations ion Building 1 Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enc	closed is a check for the following a	mount:			
☑ \$	25 Filing Fee	□ \$55	Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED .

15 JUL 15 PH 3: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 30, 2015

DOUG LEVINE 1602 ALTON ROAD #126 MIAMI BEACH, FL 33139

SUBJECT: THINK BIG 26TH STREET, LLC

Ref. Number: L13000104944

We have received your document for THINK BIG 26TH STREET, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 315A00013697

STÀTEMENT OF CHÀNGE 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.

. Na	me of the limited liability company:	Street,		
. (a)	1602 Alton Rd, #126	(b) 1602 Alton Rd, #126		
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , , , .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami Beach, FL 33139	ļ	Miami Beach, Fl 33139	
	July 24, 2013	L	13000104944	
	Date of filing/registration in Florida	4.	Document number	
(a)	Corporate Creations International, Inc.			
(4)	Registered Agent and Registered Office shown on the records of t	he Florida E	pept. of State:	
	11380 Prosperity Farms Road #221E			
	Registered Office Address (MUST BE FLORIDA STREET A	stered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Palm Beach Gardens .FL	33410		
	Levine Management Group LLC		—————————————————————————————————————	
(D)	Enter name of NEW Registered Agent and/or NEW Registered			
	1602 Alton Road, #126		<i>Y</i> -	
	NEW Registered Office Address:		····	
	Miami Beach	33139		
e cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of ofes of organization or the operating agreement of the	vs of the S the registe ability con of the limit limited lia	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.	
_/		Doug	las Levine	
herei rovisi he obl	ture of a member by authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ee to act i performan d for in Ch hereby cor	Printed or typed name of signee in this capacity. I further agree to comply with the face of my duties, and I am familiar with and accept fapter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	