LB000110400

(Re	equestor's Name)				
(Address)					
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(Cit	ty/State/Zip/Phone	<u>+h</u>			
(C)	ty/Otate/Zip/Filone	")			
PICK-UP	MAIT	MAIL			
(Bu	usiness Entity Nam	ne)			
(Dx	ocument Number)				
Certified Copies	Certificates	of Status			
	- Office				
Special Instructions to	Filing Officer:				
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JAN 1 5 2020 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations		•			
SUBJEC	The Boutique Estates of Florida LLC	C.				
-		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to th	e following:			
Patrick J.	. O'Connor					
	Name of Person					
O'Conno	r Hernandez & Associates, P.A.					
	Firm/Company					
999 Briel	kell Avenue, Suite 740					
	Address	-				
Miami, F	Florida 33131					
_	City/State and Zip Code					
poconnoi	r@oconnorhernandez.com					
E-1	nail address: (to be used for future ann	iual report not	ification)			
For furth	er information concerning this matter,	please call:				
Patrick J.	O'Connor	786 at (628-7541			
	Name of Person		Area Code & Daytime Telephone Number			
] [Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
I	Enclosed is a check for the following	amount:				
i	■ \$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. N	ame of the limited liability company: The Boutique Es	tates of I	-lo	lorida LLC
2. (a)			(b)	b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` '	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	450 Alton Road, Apt. 2507			450 Alton Road, Apt. 2507
	Miami Beach, Florida 33139			Miami Beach, Florida 33139
	08/05/2013		ı	L13000110400
3.	Date of filing/registration in Florida	4.	-	Document number
5. (a)				
()	Registered Agent and Registered Office shown on the records of Law Center of the Americas, LLC	the Flori	da i	la Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	SS)	<u></u>
	201 S. Biscayne Blvd Suite 800			9 PLL
	Miami, F	L_33131		10 FT = T
				1.4
(b)	Enter name of NEW Registered Agent and/or NEW Registered		ıdd	ddress:
	O'Connor Hernandez & Associates, P.A.			
	NEW Registered Office Address:			
	999 Brickell Avenue, Suite 740			
	Miami	L <u>33131</u>		
change agent was/w the art	limited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the registe ability of the li	ne Serec con mis Hia	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. rick J. O'Connor
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
provis. he obi	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect y change in the registered office address. I d'in writing of this change.	ree to ac perform ed for in hereby c	zt i nai Cl cor	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signati	ire of Registered Agent			