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SEP. 26 2014

R. WHITE

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ						
	Nam	e of Limited Lial	oility Company			
Dear S	ir or Madam:					
The en	aclosed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning thi	s matter to the fo	llowing:			
llene	Knable Gotts, Esq.					
	Name of Person		-			
Wac	ntell Lipton Rosen & Katz					
	Firm/Company		-			
51 W	est 52nd Street					
	Address		-			
New	York, NY 10019					
	City/State and Zip Code	<u> </u>	-			
ikgot	ts@wlrk.com					
E	E-mail address: (to be used for future ann	ual report notific	ation)			
For fu	rther information concerning this matter,	please call:				
llene	Knable Gotts	212 at (	403-1247			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314			
	Enclosed is a check for the following amount:					
	\$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			

INHS18 (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.	Na	me of the limited liability company: 1910 Trust LL	<u> </u>		<u>.                                    </u>					
2.	(a)	50 West 87th Street	(b) 50 West 87th Street							
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0	·) <u> </u>	М	lailing address o		-		 :
		Apartment 1	_	Ap	artmer	nt 1				
		New York NY 10024	_	Ne	w Yorl	k NY 10024	ļ			
		10/15/2013		L13	00001	45120				
3.		Date of filing/registration in Florida	4.		Ī	Document nu	mber			
5.	(a)	Scott P. Knable								
٠.	(-)	Registered Agent and Registered Office shown on the records of the	he Florida	a Dept	of State:	:				
		640 NW 27th Street								
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	<u>s)</u>						
							te,d <b>e</b> .			
		Wilton Manors , FL	33311			÷	AEE	14 8		
	41.5						1 - C	SEP.	71	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					22 !	O37II.		
		719 S. 17th Avenue						မှု	D	
		NEW Registered Office Address:					DE F	8		
		t lally avoid	22020							
		Hollywood, FL_	33020							
the ag wa the	e cha ent v is/we arti	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 cles of organization or the operating agreement of the l	the regineral the ling the limited lim	stered ompa nited liabil	d office ny, it is liability ity com I D. Go	and the busir hereby confined company or pany.	ness office rmed that as otherwi	of the	e regis ange(:	stered s)
		ture of a member or authorized representative of a member	<del></del> -			Printed or typed	_			
prothe to	ovisi 2 obl mer	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act perform I för in ( pereby c	t in th iance Chap confir	his capa of my d ter 605, m that t	icity. I furthe luties, and I a , F.S. Or, if ti he limited lia	r agree to m familia his docum bility com	comp r with ent is pany i	ly with and a being has be	h the eccept filed en
Si	gnatu	fe of Registered Agent								