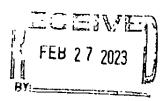
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	170 E Hillsboro, LLC		
		Name of Limited I	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please re	turn all correspondence concerning	g this matter to the	following:
James Kr	angle		
	Name of Person		<u> </u>
Siegel &	Siegel P.A.		2023 FEB 27 AH 8: 10 STALL AHASSEE, FL
	Firm/Company		—
1600 Sou	th Dixie Hwy Suite 300		SSEE 8
	Address		
Boca Rate	on, FL 33432		***
	City/State and Zip Co	de	
jkrangle@)teamsiegel.com		
E-r	nail address: (to be used for future	annual report noti	fication)
For furth	er information concerning this ma	tter, please call:	
James Kr	angle	561 at (6208200
	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
I	Enclosed is a check for the follow	ving amount:	
ĩ	■ \$25 Filing Fee	- 9	S55 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.

t. Na	ame of the limited liability company:	LLC	
2. (a)	510 - 10 Bellair Street	(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)
	Toronto, Ontoario M5R-3T8 CA		
	10/16/2013	1.13	3000146120
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records o Teichman Law Firm	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 100 N. Tampa Street Suite 2435	20:	
	·	L_33602	D23 FEB 27
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> James Krangle	SSS 🚬 🛅	
	NEW Registered Office Address:		
	1600 South Dixie Hwy Suite 300	_	
	Boca Raton, F	L_33432	
change agent v was/we the arti Signa I heroprovisi the oblito mere	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light case of organization of the operating agreement of the unreof a member or author of the operating agreement of the accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I	e registered o iability compa of the limited e limited liabi	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company. Printed or typed name of signee this capacity. I further agree to comply with the coffmy duties, and I am lamiliar with and acceptance.
	Tin writing of this change		
arguatti		D (555 5	N. II. 1
	Division of Corporations P.O. FILING I	. Box 6327● 1 FEE: \$25.00	