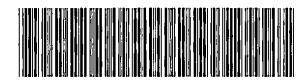
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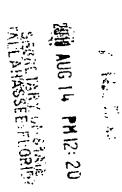
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(Social entities)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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No Water Co

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_	stration Section sion of Corporations				
SUBJECT: KOPSTEIN PRO					
Dear Sir or Madam:					
The enclosed Registered Agent/R					
Please return all correspondence					
RONALD I	NOVAS				
	Name of				

vision of Corporations

STEIN PROPERTIES, LLC

Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONAL D MOVAC		
RONALD NOVAS		
Name of Person		
KOPSTEIN PROPERTIES, LLC		
Firm/Company		
2120 NW 14 AVE		
Address		
MIAMI, FL 33142		
City/State and Zip Co	de	
RNOVAS@MIAMIWASTEPAPER.	СОМ	
E-mail address: (to be used for future	e annual report not	ification)
For further information concerning this ma	atter, please call:	
RONALD NOVAS	305	325-0860

STREET/COURIER ADDRESS:

Name of Person

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

Area Code & Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$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. N	ame of the limited liability company: KOPSTEIN F	PROPER	RTIES, LLC		
	KOPSTEIN PROPERTIES, LLC	_ (b	KOPSTEIN PROPERTIES, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2120 NW 14 AVE		2120 NW 14 AVE		
	MIAMI, FL 33142		MIAMI, FL 33142		
	11/26/2013	_	L13000165959		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	ATRIUM REGISTERED AGENT, INC				
J. (a.	Registered Agent and Registered Office shown on the records of	the Florid:	a Dept. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8950 SW 74 CT SUITE 1901					
	MIAMI , FI	33156	dress:		
(b) RONALD NOVAS					
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	ldress:		
	NEW Registered Office Address:				
	2120 NW 14 AVE				
	MIAMI, FI	33142			
Sign I here provise the mei	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the layer of a member or authorized representative of a member who accept the appointment as registered agent and agricons of all statutes relative to the proper and complete foligations of my position as registered agent as provided by reflect a change in the registered office address. It will have the proper and complete the proper of this change.	f the reginability confidence of the limited	stered 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. Printed or typed name of signee Line this canacity. I further garee to comply with the		
	ure of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00