(Requestor's Name)	
Address)	_ 700273352347
(Address)	-
(City/State/Zip/Phone #)	— 06/25/1501004010 **50.00
(Business Entity Name)	
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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	ame of the limited liability company: Frog's Key W	est LLC				
2. (a)		(b)				<u></u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Aailing address of limit (Note: MAY BE PO	-	
	850 Commerce Street				<u></u>	<u> </u>
	Miami Beach, FL 33139			<u></u>		
					<u> </u>	
	12/20/2013	_ L	1300017	/5653		
3.	Date of filing/registration in Florida	4.		Document number	ŕ	
5. (a)	Renato Alvarado					
(,	Registered Agent and Registered Office shown on the records of	the Florida l	Dept of State	:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS				
	850 Commerce Street					
	Miami Beach FI	33139				
	Abigail Watts-FitzGerald, Esq.		<u>_</u>			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:			
					2015	
	Devine Goodman Rasco & Watts-FitzGerald	1, LLP				
	NEW Registered Office Address:			20-1 0-1 0-1	July 25	g
	2800 Ponce de Leon Blvd., Suite 1400			្រារ ការ សុខ		L1.1 I
	Coral Gables, FL	33134	<u></u>		11 + 8 H	
the cha agent v was/wo	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist ability cor of the limi	tered office mpany, it is ted liability ability com	e and the business of thereby confirmed to company or as ot	office of t I that the of herwise p	he registered change(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name		
provisi the obl to pier i	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I d ig writing of this change.	ree to act i performa d for in C hereby co	in this capa nce of my a hapter 605 nfirm that i	acity. I further agr duties, and I am fa , F.S. Or, if this d the limited liability	ee to com miliar wit ocument i ocompany	ply with the h and accept s being filed y has been

Signature of Registered Agent

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