LIHOWO2721

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



300301647163

87/25/17=-81035--804 **2-.80



S. WARREN
JUL 28 2017

TO: Registration Section Division of Corporations	
SUBJECT: LNB-015-13 LLC	
Name of Limited Liabil	ity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	wing:
Hare (Bitton) Name of Person	
LNB-015-13 LLC Firm/Company	
255 Collins Aus Suite Address	
Min Mi Boach, ft 33139 City/State and Zip Code	
E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, please call:	
	713 - 6585 ea Code & Daytime Telephone Number
Registration SectionRegistraDivision of CorporationsDivisionClifton BuildingP.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314
Enclosed is a check for the following amount:	
\$25 Filing Fee	ing Fee & Certified Copy
INHS18 (2/14)	1

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

		•
1. N	Name of the limited liability company:	
2. (a)	(a) House (Bitton) (b) 255 collins Ave Suit	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability of the company o	company: []
3. 5. (a)	Date of filing/registration in Florida 4. Document number (a) TIB Property Management LCC	/
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Miami Beach, FL 33/39	<u> </u>
(b)	b) Harel Bitton	[T
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	D
	255 colling Aur Suite 1	
	NEW Registered Office Address:	
	Miami Beach, FL 33/39	
agent www.wes	c limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the charge authorized by an affirmative vote of the members of the limited liability company or as otherwise prorticles of branization or the operating agreement of the limited liability company.	e registered ange(s) vided in
Signati	nature of a member authorized representative of a member Lunent Govaguen	
I hereb provisio he oblig to merei notified	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to complisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is brely reflect a change in the registered office address, I hereby confirm that the limited liability company hered in writing of this change.	
Signature	ture of Registered Agent	
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314	

FILING FEE: \$25.00