1140000021631

| (Requ | iestor's Name) |) |
|----------------------------|----------------|-------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/: | State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Docu | ıment Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Fi | ling Officer: | |
| | | |
| | | |
| | | |

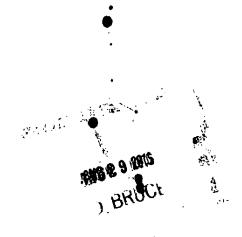
Office Use Only



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HILED 2016 AUG 25 A 9 55 SECRETARY OF STATE



COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: AVENTURA 2610 LLC Name of Limited Liability 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: |
| SARAH ISHAY Name of Person |
| AYENTURA 2610 LLC Firm/Company |
| 2124 EAST 17th Street |
| BROOKLYN, NY 11229 /City/State and Zip/Code |
| Swaide 3 and Com E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| SARAH TSHAY at 917 774-1260 Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |

Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

\$25 Filing Fee

STATÉMENT 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 10/14 | 4. |
|---------------------|--|
| 1. Na | ime of the limited liability company: <u>AVENTURA</u> 2610 <u>LLC</u> |
| 2. (a) | 350 AVENUE Y (b) 350 AVENUE Y |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | BROOKLYN BROOKLYN |
| | New York, 11223 US New York, 11223 U. |
| | |
| | <u>2 14000021631</u> |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | 109 5 OCEAN DOUGE STATE: |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | - HALLANDALE |
| | , FL 33009 US == 8 |
| | |
| (b) | SARAH ISHAV Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | |
| | 3530 Mystic Pointe DRIVE |
| | NEW Registered Office Address: |
| | Apr. 2010 |
| | AVENTURA ,FL 33180 US |
| If the li | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after |
| agent v | nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) |
| was/we | ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. |
| | ye of a member or authorized representative of a member SARAH ISHAV Printed or typed plane of signee |
| | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the |
| provisi the obl | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the fegistered office address, I hereby confirm that the limited liability company has been |
| to mere notified | ly reflect a change in the fegistered office address, I hereby confirm that the limited liability company has been In writing of this change. |
| Signatur | re of Registered Agent |

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