## L14 00000 38342

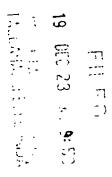
(Requestor's Name)	
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PICK-UP WAIT	MAIL
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Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	





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JAN 2 9 2020 S. YOUNG

## COVER LETTER

Division of Corporations	
OB 113, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Sarah M. Grieb	
Name of Person	·
Roetzel & Andress	
Firm/Company	
850 Park Shore Drive, Third Floor	
Address	
Naples, FL 34110	
City/State and Zip Code	
SGrieb@ralaw.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
Sarah M. Grieb 2 at (	39 649-6200
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
Enclosed is a check for the following amount	t:
■ \$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.

. Na	me of the limited liability company:				
(a)	1175 York Ave., Apt. 15H	<i>t</i> h'	(b) 1175 York Ave., Apt. 15H		
( <u>,</u> a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  New York, NY 10065	(0	:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)  NY 10065	
	03/06/2014		L140000383	342	
(11)	Date of filing/registration in Florida Weinberg, Mark S	4.		Document number	
. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 333 S.E. 2nd Avenue, Suite 3200			田 23	
	Miami FI	33131	180		
_(p) _	C T CORPORATION SYSTEM				
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	dress:	<del>-</del>	
	James H. Halpin, Asst. Secretary				
	NEW Registered Office Address:		·	-	
	1200 South Pine Island Road			-	
	Plantation . FL	33324			
ange ent v as/we	imited liability company is not organized under the large or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the e registere ability co of the lim limited li	State of Flood office and mpany, it is ited liability	orida, it is hereby confirmed that after to dethe business office of the registered schereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member	<del> </del>		Printed or typed name of signee	
ovisi e obl merc	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ree to act performa d for in C hereby co	in this cape mee of my c hapter 605 infirm that i	acity. I further agree to comply with the huties, and I am familiar with and acce , F.S. Or, if this document is being file the limited liability company has been	
<u>)</u> Iğnatu	re of Registered Agent				