L14000075488

(Requestor's Name)				
(Address)				
, (Address)				
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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ZECKETARY OF STATE
TALLAHASSEE, FLOREDA

TO:	Registration Section Division of Corporations			
SUBJ	2324-2328 NORTH MIAMI AVE LLC			
Name of Limited Liability Company				
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning the	is matter to the following:		
Doug	Levine			
	Name of Person			
Levin	ne Management			
	Firm/Company			
1602	Alton Rd, #126			
	Address			
Miam	ni Beach, FL 33139			
	City/State and Zip Code			
doug	levineEA@gmail.com			
Ī	E-mail address: (to be used for future and	nual report notification)		
For fu	rther information concerning this matter	, please call:		
Doug	Levine	786 877-5322		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following	g amount:		
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS1	8 (2/14)			



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15 JUL 15 PM 3: 10

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Division of Corporations TALLAHASSEE, FLORIDA

June 30, 2015

DOUG LEVINE 1602 ALTON ROAD #126 MIAMI BEACH, FL 33139

SUBJECT: 2324-2328 NORTH MIAMI AVE LLC

Ref. Number: L14000075488

We have received your document for 2324-2328 NORTH MIAMI AVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 715A00013696

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.

I. Na	me of the limited liability company: 2324-2328 N	orth Miami Ave LLC
2. (a)	1602 Alton Rd, #126	(b) 1602 Alton Rd, #126
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach, FL 33139	Miami Beach, FI 33139
	May 8th, 2015	L14000075488
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Corporate Creations International, Inc.	
()	Registered Agent and Registered Office shown on the records of 11380 Prosperity Farms Road #221E	The Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS
	TOURS BET LORIDA STREET	ADDRESS)
	Palm Beach Gardens . FI	33410
(b)	Levine Management Group LLC	15 M
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	1602 Alton Road, #126	100 S
	NEW Registered Office Address:	
	Miami Beach	
	, Fl	
the cha agent w was/we	inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in e limited liability company.
	\mathbb{Q}_{ℓ}	Douglas Levine
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position of registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signatu	re of Registered Agent	