## L140000 78156

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
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(Bu	siness Entity Nar	me)		
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## COVER LETTER -

Registration Section

TO:

Divi	sion of Corporations				
SUBJECT:	Design District Corner, LLC				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	nis matter to the	following:		
Fredric Ga	arvett				
	Name of Person	<del></del>	<del></del>		
	Firm/Company				
18001 Old	Cutler Road, Ste 600		_		
	Address				
Palmetto E	Bay, FL 33157				
	City/State and Zip Code				
E-mail	address: (to be used for future and	nual report notif	ication)		
For further is	nformation concerning this matter	, please call:			
Fredric Ga	ırvett	305	377-8802		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Re Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>☑</b> \$:	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy		
INHS18 (2/14	1)				





## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2016

SCOTT SILVER 2980 MCFARLANE RD #12 MIAMI, FL 33133

SUBJECT: DESIGN DISTRICT CORNER LLC

Ref. Number: L14000078156

ASSEE FLORIDA

We have received your document for DESIGN DISTRICT CORNER 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00020950

16 001 25 Mm. L.

## 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. N	Tame of the limited liability company: Design Distriction	ct Corner, LLC	
2. (a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2980 McFarlane Rd, Ste 12	2980	McFarlane Rd, Ste 12
	Miami, FL 33133	Miam	i, FL 33133
	05/14/14	L1400	0078156
3.	Date of filing/registration in Florida	4.	Document number
5. (a	、Fredric Garvett		
5. (a	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET) 18001 Old Cutler Rd, Ste 600	ADDRESS)	
	Palmetto Bay , FI	_33157	
(b)	Ashley Sodeman		16 C
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	007 25
	NEW Registered Office Address:		<b>A</b>
	2980 McFarlane Rd, Ste 12		— <b>1</b>
	<b>Mia</b> mi FI	33133	·
the chagent was/v the ar	limited liability company is not organized under the la lange or changes are made, the Florida street address or will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the appearing agreement of the lature of a member or authorized representative of a member eby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I	f the registered of iability company, of the limited liability imited liability.  Fredric Garage to act in this	ffice and the business office of the registered it is hereby confirmed that the change(s) collity company or as otherwise provided in company.  Arvett  Printed or typed name of signee  conocity. I further agree to comply with the
notific	ed in writing of this change.	•	
	ture of Registered Agent		

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