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LLC REGISTERED AGENT CHANGE FIFTEEN-FIFTY SOUTHEAST SEVENTEENTH, LLC

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To:

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	nme of the limited liability company: FIFTEEN-FIF	TY SOUTH	EAST SEVE	ENTEENTH, LL	С		
2. (a)	3301 SE 14th Avenue	(1	3301 SE 1	14th Avenue			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)				•	
	FORT LAUDERDALE, FL 33316		FORT LA	UDERDALE, FI	∟ 33316		
					-		
	06/20/2014		L14000099	335			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	ANDREA JANSZ						
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	- e.			
	3301 SE 14TH AVENUE						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2	_			
	FORT LAUDERDALE	FL_33316		_			
		rb		-			
(b)	C T Corporation System						
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:	-			
					· •	22	
	NEW Registered Office Address:			-		2023 FAR	
	1200 South Pine Island Road						
	1200 John File Patrick College			-		-5	<u>.</u>
	Plantation	11174				PH	 C-
	, F	FL		-			_
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the second or the second or the second or the operating agreement of the second or the sec	of the regis liability co s of the lim he limited l	stered office mpany, it is ited liability iability com	and the busine to hereby confirm to company or a opany.	ess office of that the	of the re he chan	gistered
Signal	ure of a member or authorized representative of a member	JOE	DAVIS, MA				
l hereh provisi the obli to mere notified By:	oy accept the appointment as registered agent and a nos of all statites relative to the proper and comple igations of my position as registered agent as providive reflect a change in the registered office address. If in writing of this change. C T Corporation System SEANL EMERICA, ASSISTANT SECRETARY	te performe ded för in (I hereby co	ance of my o hapter 605 infirm that t	Printed or typed r acity. I further thites, and I and S.F.S. Or, if thi the limited liab	anness to s	wannin la	vith the d accept ng filed been
Signatur	re of Registered Agent						

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