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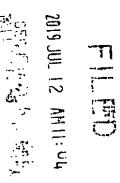
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
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Y SULKER
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## COVER LETTER

	sion of Corporations		,		
SUBJECT:	228 FLEMING LLC				
	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change ar	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to th	ne following:		
CARLA E	TREVISAN				
	Name of Person				
	Firm/Company				
488 NE 18	BTH ST UNIT 1915				
	Address				
MIAMI, F	LORIDA, 33132				
	City/State and Zip Code				
CARLAET	REVISAN@HOTMAIL.COM				
E-mail	address: (to be used for future ann	ual report no	tification)		
For further i	nformation concerning this matter,	please call:			
CARLA E	TREVISAN	609	651 5788		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations fon Building 1 Executive Center Circle ahassee, Florida 32301	] [ ]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
<b>2</b> S	25 Filing Fee	۵	\$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.

I. Na	ame of the limited liability company: 228 FLEMING	G LLC			
2. (a)	12628 WHITE CORAL DR	 12628 W	(b) 12628 WHITE CORAL DR		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	WELLINGTON, FL, 33414	WELLIN	GTON, FL, 33414		
	07/18/2014	 L1400011	3945		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	LUCIANO M TREVISAN				
(,	Registered Agent and Registered Office shown on the records of 12628 WHITE CORAL DR	Document number			
	Registered Office Address (MUST BE FLORIDA STREET)	10000000000000000000000000000000000000			
	WELLINGTON FL	33414			
(b)	CARLA E TREVISAN  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address:			
	NEW Registered Office Address:				
	488 NE 18TH ST UNIT 1915				
	MIAMI , FI	33132			
the cha agent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the manufacture of a member or authorized representative of a member	f the registered office ability company, it is of the limited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.		
provis. the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as 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 cape performance of my e ed for in Chapter 605 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		
Signatu	ire of Registered Agent				