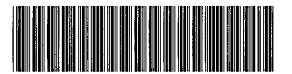
## U400C176492

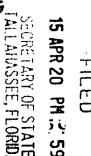
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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## **COVER LETTER**

PO: Registration Section Division of Corporations	
3180 Gulf Stream LLC	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Wade Greaton	
Name of Person	
3180 Gulf Stream LLC	
Firm/Company	<del></del>
225 N.E. Mizner Blvd, Suite 720	
Address	<del></del>
Boca Raton, FL 33432	
City/State and Zip Code	<del></del>
wgreaton@oneeastcap.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Wade Greaton 5	61 210-4933
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amount	t <b>:</b>
<b>☑</b> \$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.

1. N	lame of the limited liability company: 3180 Gulf St	ream LLC		
2. (a)	225 N.E. Mizner Blvd Suite 720	(b) 225 N.I	(h) 225 N.E. Mizner Blvd Suite 720	
=- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Boca Raton, FL 33432	Boca R	aton, FL 33432	
	11/13/2014	L140001	76492	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	c/o Murdoch, Weires & Neuman PLLC		_	
•	Registered Agent and Registered Office shown on the records of 14 S.E. 4th Street, Suite 36	f the Florida Dept. of Sta	te:	
	Registered Office Address [MUST BE FLORIDA STREET]	ADDRESS)	_	
	Boca Raton , FI	L_33432		
(b)	Wade E. Greaton		<b>5</b>	
,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	4 A A A A A A A A A A A A A A A A A A A	
	225 N.E. Mizner Blvd Ste 720		FILED  APR 20 PM  AFR 1ARY OF 1  AHJASSEE, F	
	NEW Registered Office Address:		D F STATE FLORIDA	
	Boca Raton .FI	<sub>L</sub> 33432	<b>≫ ©</b>	
the ch agent was/w the arr	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attree of a member or authorized representative of a member	of the registered office iability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
I have	any accent the approintment as registered agent and an	ree to act in this co	nacity I further garee to comply with the	
provis the ob to men	edy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete pligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to uct it this cap ee performance of my ed for in Chapter 60 hereby confirm that	duties, and I am familiar with and accept of the same of the same of the same of the same of the limited liability company has been	
Signat	ure of Registered Agent			