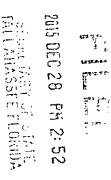
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DEC 28 THE

COVER LETTER

TO: Registration Section

Division of	Division of Corporations							
SUBJECT:	Georgetown	3590 LLC						
	Name of Limited Liability Company							
Dear Sir or Madam	:							
The enclosed Regis	tered Agent/Registe	ered Office Change an	d fee(s) are submitted for filing.					
Please return all cor	respondence conce	rning this matter to the	e following:					
			,					
Manuel L. C	respo. Esq. Name of Perso							
	Name of Perso	Π						
O W								
Greenspoon M		<u> </u>						
	Firm/Company	•						
600 Brickell	Avenue, 36th	Floor						
								
	Address							
			,					
Miami, FL 33	131							
	City/State and Zip	Code						
	spo@gmlaw.com							
E-mail address	s: (to be used for fut	ure annual report noti	fication)					
For further informat	ion concerning this	matter, please call:						
		marror, produce carr.						
No. 1.7.0			F44 0001					
Manuel L. Cr	espo ne of Person	at (at		31 1				
Nan	ne of Person		Area Code & Daytime Telepho	ne Number				
STREET/C	OURIER ADDRE	SS: M	AILING ADDRESS:					
Registration	Section	Re	Registration Section					
	Corporations	Di	Division of Corporations					
Clifton Build		P.0	P.O. Box 6327					
	ive Center Circle	Ta	llahassee, Florida 32314					
Tallahassee,	Florida 32301							
Enclosed is	a check for the fol	lowing amount:						
🗆 \$25 Filing	g 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	ame of the limited liability company: Georgeton	m 3590	LLC		
2. (a)	2121 NV 188th Street	_ (b)	rc/o	TSG Management	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limite (Note: MAY BE POS	• • •
	1-1204		410	0 N Miami Avenue	e
	Aventura, FL 33180		Mia	mi, FL 33127:	
	11/17/2014		L140	00177514	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Manuel L. Crespo, Esq.			_	
``	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of S	tate:	,
	201 Alhambra Circle, Suite 1205				·
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			
	Coral Gables ,FL_	33134			2015
(b)	Enter name of NEW Registered Agent and/or NEW Registered C				
	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u> </u>		
				,	المراقب المراق
	NEW Registered Office Address: Manuel L. Crespo, Esq.				1 2: 52
	Greenspoon Marder 600 Brickell Ave., 36th Floor				
	Miami ,FL	3313	l		
the chagent was/w	imited liability company is not organized under the lawsange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member or authorized representative of a member	he registe bility com the limit	ered off pany, i ed liabi	ice and the business of t is hereby confirmed lity company or as oth	ffice of the registered that the change(s) nerwise provided in
попре	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in performan for in Ch ereby con	n this ci ice of m apter 6 firm th	apacity. I further agre ty chities, and I am fan 05, F.S. Or, if this do at the limited liability	e to comply with the niliar with and accept cument is being filed company has been
	Division of Corporations P.O. Bo			assee, FL 32314	

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