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COVER LETTER

TO:

Registration Section

Divi	sion of Corporations				
SUBJECT:	CABO DORAL CITY PLACE, LLC				
20202011	Name of Limited Liability Company				
Dear Sir or N	⁄ladam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the fo	llowing:		
Gary S. Pl	pillins				
	Name of Person				
					
Phillips, C	antor, Shalek & Pfister, P.A.				
	Firm/Company				
4000 Holly	wood Blvd. # SOON Address				
	Address		•		
Hollywood	, FL 33021				
	City/State and Zip Code		•		
gphillips@	phillipslawyers.com				
E-mail	address: (to be used for future annu	ual report notifica	tion)		
For further in	nformation concerning this matter,	please call:			
Cristina Ri	vera	954	966-1820		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi: Clift 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	Regis Divis P.O. 1	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
☑ \$2	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. Na	ame of the limited liability company: CABO DORA	L CITY P	LACE, LLC		
2. (a)	621 NW 53RD STREET	(b) 6	(b) 621 NW 53RD STREET		
. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		g address of limited liability company: te: MAY BE POST OFFICE BOX)	
	# 320	#	320		
	BOCA RATON, FL 33487	B	OCA RATO	DN, FL 33487	
	01/13/2015	L1	500000709	37	
3.	Date of filing/registration in Florida	4.	Doc	ument number	
5. (a)	MARCI A. RUBIN				
. ,	Registered Agent and Registered Office shown on the records of 4000 HOLLYWOOD BLVD	the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)			
	HOLLYWOOD , FL	33021		5	
(b)	GARY S. PHILLIPS			ST P	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>s</u> :	$\mathcal{H}_{\mathcal{L}_{i}}$, \mathbf{v}_{i}	
	4000 HOLLYWOOD BLVD				
	NEW Registered Office Address:			\$ 2	
	SUITE 500-N			• '	
	HOLLYWOOD , FL	33021			
the cha agent v was/we the arti-	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lieter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete	the register ability composite the limited liab Gary S Gare to act in	ed office and any, it is here I liability company B. Phillips Print this capacity.	the business office of the registered eby confirmed that the change(s) appany or as otherwise provided in the ded or typed name of signee I further agree to comply with the sand to make the sa	
the obl to mer notified	igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d intering of this change.	d for in Cha hereby confi	pter 605, F.S rm that the li	. Or, if this document is being filed mited liability company has been	
Signatu	re of Registered Agent				