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COVER LETTER

то:	Registration Section Division of Corporations							
SUBJE	2919 W. Aileen St., LLC							
SOBSE	Name of Limited Liability Company							
Dear S	r or Madam:							
The en	closed Registered Agent/Registered (Office Chang	ge and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter	to the fo	ollowing:				
Melissa	Horowitz							
	Name of Person		_	_				
Ybor M	anagement. LLC							
	Firm/Company			_				
1310 N	22nd Street							
	Address			_				
Tampa.	Florida 33605							
	City/State and Zip Cod	ē		_				
[fuente(5@gmail.com							
E	mail address: (to be used for future a	innual repor	t notific	ation)				
For fur	ther information concerning this matt	er, please ca	all:					
Melissa	Horowitz	81 at (3	549-6048				
	Name of Person	~ ~ \		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	ing amount	:					
	■ \$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: 2919 W. Aileen S	t., LLC	; —						
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		1310 N. 22nd Street	_		P.O. Bo	ox 5983				
		Tampa, Florida 33605	_		Tampa.	. Florida 33675				
		01/23/2015			1,1500001	013310				
3.		Date of filing/registration in Florida	4.			Document number				
5. ((a)	Liana Fuente								
٥, ,	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
		1310 N. 22nd Street	~ 3							
		Registered Office Address (MUST BE FLORIDA STREET)								
		Tampa , FL	33605	,						
		Manuel García				- 7				
(b)		Enter name of NEW Registered Agent and/or NEW Registered	÷7							
						1.1				
		NEW Registered Office Address:				. <u>. </u>				
					 -					
		, FL								
char ager	nge at v /we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the registed ability of the l	he ere co lim	State of led office a mpany, ited liabi	Florida, it is hereby confirmed that after the and the business office of the registered it is hereby confirmed that the change(s) billity company or as otherwise provided in				
		1 m	[.]	ian	a Fuente	Printed or typed name of signee				
The prov the to to m notij	rel visi obl iere fied	ture of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I fair writing of this change.	ee to a perfor I for in tereby	act mo n C	in this co ince of m hapter 6 infirm tha					
		Division of Corporations P.O. I	30x 63	327	/• Tallal	hassee, FL 32314				

FILING FEE: \$25.00

INHS18 (2/14)