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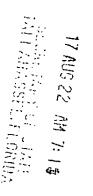
(Requestor's Name)					
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COVER LETTER

	Registration Section Division of Corporations						
SUBJE	FINKELSTEIN, ET AL, LLC	FINKELSTEIN, ET AL, LLC					
13 (2 13.7 17		ne of Limited 1	Liability Company				
Dear Si	r or Madam:						
The enc	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.				
Please r	return all correspondence concerning th	is matter to the	e following:				
Emily	Smith						
	Name of Person						
Parac	orp Incorporated						
	Firm/Company						
РО Во	ox 160568						
	Address						
Sacra	mento, CA 95833						
	City/State and Zip Code						
-	orp@myparacorp.com						
E-	mail address: (to be used for future and	nual report not	fication)				
For furt	her information concerning this matter	, please call:					
Emily	Smith	888 at (280.6563				
	Name of Person		Area Code & Daytime Telephone Number				
STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314				
Enclosed is a check for the following amount:							
	\$25 Filing Fee		855 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. 1	lame of the limited liability company: FINKELSTEI	N, ET <i>I</i>	AL, LLC	
2. (a)			o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) THAN LANE
	ORLANDO, FL 32814	_	ORLAN	IDO, FL 32814
	02/12/2015	_	L15000	026791
3.	Date of filing/registration in Florida	4.		Document number
(b	Registered Agent and Registered Office shown on the records of B & C CORPORATE SERVICES OF CENT Registered Office Address (MUST BE FLORIDA STREET). 390 NORTH ORANGE AVENUE, SUITE 14 ORLANDO ,FL Paracorp Incorporated Enter name of NEW Registered Agent and/or NEW Registered 155 Office Plaza Drive, 1st Floor NEW Registered Office Address:	RAL FI ADDRES. 400 32801	LORIDA SI Idress:	
the chargent was/vthe approved the provide the order to me	Imited liability company is not organized under the landange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the mature of member or authorized representative of a member eleby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide refy reflect a change in the registered office address, I seed in writing of this change.	ws of the fit the reg ability cof the fir limited	e State of Flistered office ompany, it nited liability content of the state of the	be and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Anthony W. Justice Printed or typed name of signee Doccity. I further agree to comply with the
	on Vong, Assistant Secretary for Paracorp Incorpor Division of Corporations • P.O. 1	rated Box 632	7• Tallaha	issee, FL 32314

FILING FEE: \$25.00