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D. BRUCE NOV 1 8 2016

COVER LETTER

نج,	*				
TO:	Registration Section Division of Corporations				
SUBJ	FCT: 103	35 28TH ST	N, LLC		
001711		ne of Limited L	iability Company		
Dear S	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for fili	ng.	
Please	return all correspondence concerning th	is matter to the	following:		
Pene	elope B. Perez-Kelly				
	Name of Person				
Fish	er Rushmer, P.A.				
	Firm/Company				
390	North Orange Avenue, Suite 2200				
	Address				
Orla	ndo, Florida 32801			IAS 2	
	City/State and Zip Code			2016 MOV 17 SECRETARY! ALLAHASSEE	_
pper	ezkelly@fisherlawfirm.com			TAS TO	
	E-mail address: (to be used for future and	nual report noti	fication)	SEE	
For fu	rther information concerning this matter.	, please call:		.F. D	
Pene	elope B. Perez-Kelly	407 at (843-2111	0.00 1.000	
	Name of Person		Area Code & Daytime To	elephone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following	ı amount:			
	☑ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Co	ору	
INHS	IX (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: 1035 28	IHSTN,	LLC				
2. (a)		(b)				
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			any)	
	5838 Collins Avenue, 7B		5838 Coll	lins Avenue,	78		
	Miami Beach, Florida 33140		Miami Be	ach, Florida	33140		
	02/16/2015		L150000	028370			
3.	Date of filing/registration in Florida	4.	I	Document numb	рег	···	** * *
5. (a)						
(-	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:				
	Penelope B. Perez-Kelly						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	1				
	2295 S. Hiawassee Road, 302						
	Orlando	_{FI} 32835			 1		
	•					2016	
(b)	Enter name of NEW Registered Agent and/or NEW Register		<u></u>		<u> </u>	AON	
	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	<u>lress</u> :		SSA		
	Penelope B. Perez-Kelly				ĕe. Fee	ם ב	П
	NEW Registered Office Address:				F (7)	i S	
	390 North Orange Avenue, Suite 2200		 -		ORID	 er	
	Orlando	_{si} 32801			A	တ	
the chagent was/vethe ar	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization on the operating agreement of the attraction of a member of a membe	laws of the of the regil liability or s of the limited Educate to according to the paragraph of the limited Educate to according to the paragraph of the limited Educate to according to according to the limited Educate to according to the limited	stered office impany, it is ited liability compared to a liability compared A. Za in this capa	and the busines hereby confirm company or as pany. avala Printed or typed nacity. I further a	s office of that the otherwise of sign	of the re he change provide	gistered ge(s) ded in
Signa	ture of Registered Agent	_					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00