L15000038051

(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

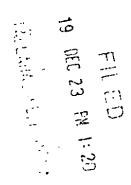




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JAN 2 5 2020 S. YOUNG



COVER LETTER

TO:	_	stration Section sion of Corporations				
SUBJE	ECT:	SOBEJ LLC				
		Name of Limited Liability Company				
Dear S	ir or N	4adam:				
The en	closed	Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.		
Please	return	all correspondence concernin	g this matter to t	the following:		
Stephar	nie Lux	Kton				
•		Name of Person	<u></u> -			
Crystal	Famil	y Office, Inc.				
		Firm/Company				
1111 K	ane Co	oncourse, Suite 404				
		Address				
Miami.	FL 33	154				
		City/State and Zip Cod	de			
sluxton	@crys	talfamilyoffice.com				
Е	-mail	address: (to be used for future	annual report no	notification)		
For fur	ther in	nformation concerning this ma	tter, please call:	;		
Stephar	nie Luz	kton	305 at (868-1500		
		Name of Person	\ <u></u>	Area Code & Daytime Telephone Numb		
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810		
		osed is a check for the follow 25 Filing Fee		Tallahassee, F1, 32303 ☐ \$55 Filing Fee & Certified Copy		
	— 52	Drining rec	_	= \$557 ming red to 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.

Na	me of the limited liability company: Sobej LLC			
(a)	1111 Kane Concourse Suite 404 MIAMI, FL 33154	C	b) 1111 Kan	ne Concourse Suite 404 MIAMI, FL 33154
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/02/2015	_	L15000038	8051
	Date of filing/registration in Florida	4.	-	Document number
(a)	Dandridge, Nicole, Esq.			
()	Registered Agent and Registered Office shown on the records of the 1111 Kane Concourse Suite 404 MIAMI, FL 33154	he Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET A 1111 Kane Concourse Suite 404 MIAMI.	DDRES	<u>S)</u>	_
	FI	33154		7 7 70
(b)	Stephanie Luxton			FILED PH
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office at	<u>ldress</u> ;	- T
	NEW Registered Office Address:			- 8
				_
	, FL			_
inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization while operating agreement of the l	register bility co f the lin limited	ed office an ompany, it i nited liabilit liability con	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
ignat	ure of a member or authorized representative of a member		STEVEN	Printed or typed name of signee
ovisio obli nere	by accept the appointment as registered agent and agreed ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. The lin writing of this change.	perform	ance of my	duties, ånd I am familiar with and accer
natur	e of Registered Agent			