

L15000039241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

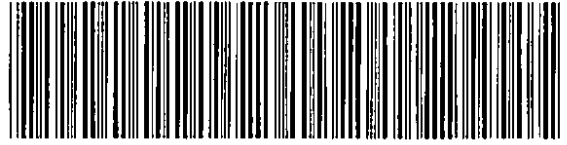
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SUBJECT: 159 BAL BAY DRIVE LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

SYLVIA ZAKZUK at (305) 937-7778

Name of Person Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$25 Filing Fee

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. Name of the limited liability company: 159 BAL BAY DRIVE LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

20900 NE 30TH AVE Suite 415

20900 NE 30TH AVE Suite 415

MIAMI FL 33180

MIAMI FL 33180

03/03/2015

L15000039241

3. 03/03/2015 Date of filing/registration in Florida 4. L15000039241 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTER AGENT SOLUTIONS INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DR SUITE A

TALLAHASSEE, FL 32301

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SYLVIA ZAKZUK

NEW Registered Office Address:

20900 NE 30TH AVE Suite 415

MIAMI, FL 33180

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Astrid Nunez
Signature of a member or authorized representative of a member

ASTRID NUNEZ

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sylvia Zakzuk
Signature of Registered Agent