15000070018

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		.=.			

Office Use Only



800302548358

08/17/17--01019--008 **25.00

AT AUG 1.7 AM IP 4.9

AUG 1 8 2017 Y SULKER

COVER LETTER

	CC	VERLETTER	
TO: Registration Section Division of Corporation	ns		
Auberge 402 H	loldings, LLC		
	Name of Li	mited Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent	/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matte	er to the following:	
Barry E Schneirov			
Name	of Person		
Firm/C	Company		
80 Hendricks Isle, PH 1			
Addr	ess	•	
Ft Lauderdale, FL 33301			
City/State	and Zip Code		
schneirov@me.com			
E-mail address: (to be use	ed for future annual rep	ort notification)	
For further information concern	ning this matter, please	call:	
Barry Schneirov	et (954 328-8573	
Name of Perso		Area Code & Daytime Telepho	ne Number
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 32	ns Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check fo	or the following amour	nt:	
△ \$25 Filing Fee		□ \$55 Filing Fee & Certified Copy	

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	ame of the limited liability company: Auberge 402	Holdings, LLC	
?. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	2200 North Ocean Blvd, Unit 402	9 Hillore	est Lane
	Ft Lauderdale, FL 33305	Old Gre	enwich CT 06870
	04/21/2015	L150000	70018
	Date of filing/registration in Florida	4.	Document number
(a)	David Decker		
(**)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	te:
	1125 Gulf of Mexico Drive	•	_
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	_
	Longboat Key , FL	34228	_
4.	Barry E Schneirov		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	80 Hendricks Isle, PH 1		AUG L.7
	NEW Registered Office Address:		
	Ft Lauderdale , FL	33301	AR DO STAIL
e cha gent v as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offic ability company, it is of the limited liability	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi ie obi mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a enange in the registered office address, I i d in writing of this change.	ree to act in this cap performance of my d for in Chapter 60, hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been
ignatu	are of Registered Agent		