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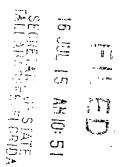
(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nam	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to Filing Officer:							

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J. HERRIE

COVER LETTER

TO:	Registration Section
	Division of Corporations

INHS18 (2/14)

SUBJECT:	5400 CONGRESS, LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the following:					
Kevin M. Carroll, President and CEO						
Name of Person						
Lang Management Company, Inc.						
Firm/Company						
790 Park of Commerce Boulevard, Suite	e 200					
Address						
Boca Raton, Florida 33487						
City/State and Zip Code	A A					
webmaster@langmanagement.com						
E-mail address: (to be used for future annu	al report notification)					
For further information concerning this matter, p	please call:					
Kevin M. Carroll	561 750-8800					
Name of Person	Area Code & Daytime Telephone 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 a	amount:					
△ \$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.

1.	Na	me of the limited liability company: 5400 CONGRE	SS,	LLC				
				o)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Ŋ	Mailing address of lin (Note: MAY BE P	nited liabi	lity con	npany:
		790 Park of Commerce Boulevard, Suite 200		790 Parl	k of Commerce	Blvd.	Suite	200
		Boca Raton, Florida 33487	•	Boca Ra	iton, Florida 33	3487	-	
		5/11/15		L1500008	35835			
3.		Date of filing/registration in Florida	4.		Document numb	er		
5.	(a)	William K. Isaacson						
	()	Registered Agent and Registered Office shown on the records of the	Florid	a Dept. of State	- ::			
		William K. Isaacson						
		Registered Office Address (MUST BE FLORIDA STREET AD 21045 Commercial Trail	DRES:	<u>2)</u>	_	13EC	<u>ට්</u> උ	
		Boca Raton , FL 3	3486				-	The second secon
		, 1 L			-		۲	i mahlari
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O					AH IO:	(1)
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	<u>dress</u> :		E DRIDA STATE	0:51	S. Land
		NEW Registered Office Address:			•			
		790 Park of Commerce Boulevard, Suite 200		··-·	-			
		Boca Raton , FL 3	3487		_			
the age wa the	cha ent w s/we artic	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited for members of the limited for the limited	ie regi ility co the lin mited	stered office ompany, it is nited liability	e and the business s hereby confirme y company or as o apany.	office of that the otherwise	of the he cha se prov	registered nge(s)
	_	ture of a member or authorized representative of a member	. to ~-	t in this ac-	Printed or typed nar	•	_	with the
pro the to	ovisie obli mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided j ely reflect a change in the registered office address, I he I in writing of this change.	to ac erform for in (reby c	i in inis cape ance of my c Chapter 605 onfirm that	acity. I juriner as duties, and I am f i, F.S. Or, if this i the limited liabili	gree 10 (amiliar docume ty comp	with a nt is be any he	wiin ine ind accept eing filed as been

Signature of Registered Agent