L15000099805

(Re	questor's Name)			
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	s of Status		
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COVER LETTER

_	istration Section ision of Corporations		•	
SUBJECT:	Harding 83 LLC			
	Nan	ne of Limited Li	ability Company	
Dear Sir or l	Madam:			
The enclose	d Registered Agent/Registered Off	ice Change and	fec(s) are submitted for filing.	
Please retur	n all correspondence concerning th	is matter to the	following:	
Joshua M	. Entin, Esq			
	Name of Person	_ -		
Entin & D	ella Fera, P.A.			
	Firm/Company		_	
633 S And	drews Avenue Suite 500			
	Address		_	
Ft. Laude	rdale			
	City/State and Zip Code		_	
raul.fronta	al@southbeachgroup.com			
E-mai	l address: (to be used for future ann	nual report notif	ication)	
For further	information concerning this matter,	, please call:		
Raul Fron	tal	305	609-6700	
	Name of Person		Area Code & Daytime Telephone Number	
Reg Div Clii 266	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		gistration Section vision of Corporations D. Box 6327	
Enclosed is a check for the following amount:				
2 \$	325 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	
INHS18 (2/1	4)			

• 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: Harding 83 LL	LC
. (a)	8320 Harding Ave	(b) Raul Frontal
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami Beach	1680 Meridian Ave. Suite 102
	FI, 33141	Miami Beach, FI 33139
	06/08/2015	L15000099805
	Date of filing/registration in Florida	4. Document number
. (a)	Leopold Korn PA	
. (a)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:
	20801 Biscayne Blvd. 501	
	Registered Office Address (MUST BE FLORIDA STREET A	
	Aventura	. 33180
	, FL	- 33180 - 3 F F F F F F F F F F F F F F F F F F
(b)	Joshua M. Entin, Esq`	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
	633 C Andrews Ave Cuite 500	
	633 S. Andrews Ave Suite 500	
	NEW Registered Office Address:	
	Et laudordalo	22204
	Ft. Lauderdale , FL	_33301
ne cha	ange or changes are made, the Flofida street address of	ws of the State of Florida, it is hereby confirmed that after f the registered office and the business office of the registered iability company, it is hereby confirmed that the change(s)
vas/w	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	of the limited liability company or as otherwise provided in
uc art	icles of Diguitzation of the operating agreement of the	
Signa	ture of a mamber or authorized representative of a member	Printed or typed name of signee
rovisi he obi o mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept ed for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been