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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
SUBJECT: CABOTRINITY PEMBROKI	E PINES, LLC		
Name of Limited Liability Company			
Dear Sir or Madam;			
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
Came C. Dhilling			
Gary S. Phillips			
Name of Person			
Phillips, Cantor, Shalek & Pfister, P.A.			
Firm/Company			
4000 Hollywood Blvd. , # 500N			
Address			
Hollywood, FL 33021			
City/State and Zip Code			
gphillips@phillipslawyers.com			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter,	please call:		
Cristina Rivera	954 966-1820		
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 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.

Name of the limited liability company: CABOTRI	NITY PEMBROKE PINES	, LLC		
2. (a) 621 NW 53RD STREET	_(b) 621 NW 53RI	(b) 621 NW 53RD STREET		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing a	address of limited liability company: MAY BE POST OFFICE BOX)		
#320	#320			
BOCA RATON, FL 33487	BOCA RATON	N, FL 33487		
08/06/2015	L15000134288			
B. Date of filing/registration in Florida		nent number		
5. (a) MARCI A. RUBIN				
Registered Agent and Registered Office shown on the record 4000 HOLLYWOOD BLVD	s of the Florida Dept. of State:			
Registered Office Address (MUST BE FLORIDA STRE SUITE 500-N	ET ADDRESS)			
	FL_33021			
(b) GARY S. PHILLIPS		100 COS		
Enter name of NEW Registered Agent and/or NEW Register	ered Office address:	The first of the second of the		
4000 HOLLYWOOD BLVD		SSEY		
NEW Registered Office Address:				
SUITE 500-N		SA ?		
HOLLYWOOD	, _{FL} 33021	TE &		
If the limited liability company is not organized under the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limite was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	s of the registered office and the d liability company, it is herebers of the limited liability comp	ne business office of the registered y confirmed that the change(s)		
1/36/	Gary S. Phillips			
Signature of a member of authorized representative of a member		or typed name of signee		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete to be proper and complete obligations of my position as registered agent as proven merely fulfic a change in the registered office address notified in writing of his change.	agree to act in this capacity. I lete performance of my duties, vided for in Chapter 605, F.S. s, I hereby confirm that the lim	l further agree to comply with the and I am familiar with and accep Or, if this document is being filed ited liability company has been		
Signature of Registered Agent				
~1				