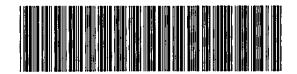
L15000 141557

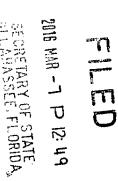
(Requestor's Name)		
. (Address)		
(Address)		
	City/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
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COVER LETTER

Division of Corporations		
SUBJECT: 6137 WHIMBR	ELWOOD LLC	nicil
Nam	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	-	
Please return all correspondence concerning this	s matter to the following:	
RONALD Morello Name of Person	<u>.</u>	esc d
Ma O ENTERPRISES, INC. Firm/Company.	PSP	
595 STEWART AVE	L - SUITE 550	
GARDAU CITY, NY City/State and Zip Code	1/530	
RG Monello @ GMAIC. E-mail address: (to be used for future ann	ual report notification)	er ysi
For further information concerning this matter,	please call:	
Name of Person	_at (
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 Tallahassec, Florida 32314	1.1£
Enclosed is a check for the following	amount:	
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	<i></i>

INHS18 (2/14)

STĂTEMENT 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: 6137 WHIM BRE	LWOOD, LLC
Principal office address of limited liability company: Maili	ing address of limited liability company: Oute: MAY BE POST OFFICE BOX
647 FRANKLIN ANY SUITE 200 595 S	STEWART AND SUITE SS
	CITY, NY 11530
08/18/ 2015 LIJ	000 141 557
	cument number
5. (a) ASHLEY RADER	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
3524 STEARNS PARK ROAD	•••
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	•
VALRICO FL 33596	
	(***) (***) (***) (***) (***)
(b) TJ GLOBAL INVESTMENTS	* * * * * * * * * * * * * * * * * * *
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
4511 NORTH HIMES AVE	
NEW Registered Office Address:	4 D
SUITE ZOO	E CRA
	IDA IDA
TAMPA , FL 33614	
If the limited liability company is not organized under the laws of the State of Florida	g it is haraby confirmed that after
the change or changes are made, the Florida street address of the registered office and	d the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is he was/were authorized by an affirmative vote of the members of the limited liability co	ompany or as otherwise provided in
the articles of organization or the operating agreement of the limited liability compar	ny. 44 //
Structure of a member or authorized representative of a member Pris	nled or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete performance of my dult the obligations of my position as registered agent as provided for in Chapter 605, F. to merely reflect a change in the registered office address, I hereby confirm that the notified to writing of this change.	u I further garee to comply with the
Signature of Registered Agent	
Division of Corporations P.O. Box 6327 Tallahassee,	, FL 32314