L15000141668

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

Office Use Only



700338298407

12/28/19--01041--021 **75.88

JAN 2 9 2020 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ!	OB MIDBLOCK ENTERPRISES, LLC						
5 5 5	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning the	s matter to the f	following:				
Sarah	M. Grieb						
	Name of Person		_				
Roctze	el & Andress						
	Firm/Company		_				
850 Pa	rk Shore Drive, Third Floor						
	Address		_				
Naples	, FL 34110						
	City/State and Zip Code		_				
SGrieb	@ralaw.com						
Ē	-mail address: (to be used for future ann	ual report notifi	cation)				
For fu	rther information concerning this matter,	please call:					
Sarah i	M. Grieb	239 at (649-6200				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following	amount:					
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				

INHS18 (2/14)

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	une of the limited liability company: OB MIDBLOCK	ENTERPI	USES, LLC	
2. (a)	1175 York Ave., Apt. 15H	(b)	1175 York	Ave., Apt. 15H
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10065		New York	NY 10065
	08/19/2015		,150001416	668
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Weinberg, Mark S			
(b)	Registered Agent and Registered Office shown on the records of	- 5:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 333 S.E. 2nd Avenue. Suite 3200			19 DEC
	Miami . F1	33131		PILETA ST.
	C T CORPORATION SYSTEM			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	James H. Halpin, Asst. Secretary			7* ~ **
	NEW Registered Office Address:			-
	1200 South Pine Island Road			-
	Plantation . FL	33324		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability cor of the limi limited li	l office and apany, it is ted liability	d the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		· <u></u> -	Printed or typed name of signee
provisi the obl to 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 provide ely reflect a change in the registered office address. It is writing of this change.	ree to act i performa d for in C hereby co	n this cape ace of my d apter 605 afirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accep, .F.S. Or, if this document is being filed the limited liability company has been
Ja	mes talpin			