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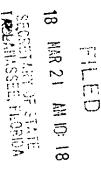
(Requestor's Name)				
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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O SIMMONS Mar 2 2 2018

COVER LETTER

TO: Registration Section Division of Corporations		
Kasha Realty LLC		
	ne of Limited I	iability 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:
Sharon Strassfeld		
Name of Person		
Kasha Realty LLC		
Firm/Company		
150 Chestnut Street		
Address		
Providence, RI 02903		
City/State and Zip Code		_
davidm@dsmrealty.com		
E-mail address: (to be used for future ann	ual report noti	fication)
For further information concerning this matter,	please call:	
David Malkin	401 at (277-0300
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:	
S25 Filing Fee	2 \$	55 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. No	nme of the limited liability company: Kasha Real	ty LLC	
2. (a)	150 Chestnut Street	(h)	SAME
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Providence, RI 02903	- 1001 -0-	
	08/20/15	L	.15000143155
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Yetta Nulman		
	Registered Office Address (MUST BE FLORIDA STREET)		Dept. of State:
	Piedmont F270		
	Delray Beach , F	33484	· · · · · · · · · · · · · · · · · · ·
(b)	Sharon Strassfeld		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	CRETARE OF STATE
	NEW Registered Office Address:		
	425 McKinley Drive		500
	and the second s		一
	Sarasota	L 34236	> 0
Signal I hereiprovisi the ohl	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited creathorized by an affirmative vote of the members cles of organization or the operating agreement of the understanding of a member of all statutes relative to the proper and completing affice a change in the registered agent as providing the reflect a change in the registered office address, and the registered of the proper and completing the reflect a change in the registered of the proper and completing the reflect a change in the registered of the proper and completing the reflect a change in the registered of the proper and completing the reflect a change in the registered of the proper address.	of the regist liability cor of the limi e limited lii Shar gree to act i e perform C	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company. on Strassfeld Printed or typed name of signee In this capacity. I further agree to comply with the nearest of my duties, and I am familiar with and accept the total of the second of the sign of signer.