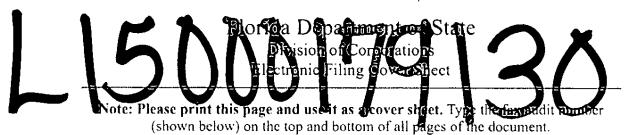
Division of Corporations



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. 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.

2. (a)	4817 AVENUE N. BROOKLYN, NY 11234	(b	4817 AV	ENUE N. BROOKLYN	, NY 1123	i 4	
(,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(b)				
	10/21/2015			130			
3.	Date of filing/registration in Florida	- 4.		Document number			
_	PODOLSKY, ABRAHAM	4.		boeament namber			
5. (a) . (b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9801 COLLINS AVENUE			- te:		22	
	Registered Office Address (MUST BE FLORIDA STREET 11R	ADDRESS		_	71 - A44	1924 JUN -	
	BAL HARBOUR	33154	154 SSN Y			വ 1	
	NATIONWIDE REGISTERED AGENTS CORP.				07.973 18.30	AH 9:	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				至	 9	
	7064 NORTHWEST 49TH STREET				••		
	NEW Registered Office Address:						
	LAUDERHILL, FL	33319		_			
change agent v was/w	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 li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability cor of the limi	d office an npany, it i ted liabilit	id the business office is hereby confirmed the company or as other	of the reg at the cha	istered inge(s)	
	Abraham Podolsky	Abra	ham Podol:	*			
l here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to act performa d for in C hereby co	in this cap nce of my hapter 602 ufirm that	Printed or typed name of acity. I further agree duties, and I am famion, F.S. Or, if this doct the limited liability co	to comal	y with the and accept being filed as been	