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(Ří	equestor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations					
CHDI	OLIVIA MIAMI, LLC					
SUBJECT: Name of Limited Liability Company						
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concerning the	nis matter to th	e following:			
IGAL	_ G. ABRAHAM					
	Name of Person					
	Firm/Company					
3495	5 NE 163RD ST					
	Address					
NOF	RTH MIAMI BEACH, FL 33160					
	City/State and Zip Code			 -		
igala	braham@yahoo.com			2018 AUG 31		
	E-mail address: (to be used for future an	nual report not	ification)	Ang A		
For fu	orther information concerning this matter	, please call:		75 m		
IGAL	. G. ABRAHAM	305 at (924-6800			
	Name of Person	*** (Area Code & Daytime Telepl	hone Number 👸		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	MAILING ADDRESS: Registration Section Division of Corporations CO. Box 6327 Fallahassee, Florida 32314			
	Enclosed is a check for the following	g amount:				
	☑ \$25 Filing Fee		\$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.

ame of the limited liability company: OLIVIA MIAM	I, LL(<u> </u>				
C/O MANAGEMENT	OLIVIA MIAMI, LLC					
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		•	-		:
16931 NE 20th Avenue		PO Box	: 1941			
North Miami Beach, FL 33162		Boca R	aton, FL 33429			<u>. </u>
10/30/2015		L150001	84798			
Date of filing/registration in Florida	4.		Document number			
Elizabeth Del Rio-Henrich, P.A						
	he Flor	ida Dept. of Sta	te:			
	IDD <u>RE</u>	<u>SS)</u>	_			
814 PONCE DE LEON BLVD STE 518			_	 1	~	
CORAL GABLES FL	3313	4	_		016 AL	
IGAL G. ABRAHAM				- 第日 公司 - 公司	1831	paration y
	Office:	add <u>ress</u> :				
				(C) (S) (S) (S) (S) (S) (S) (S) (S) (S) (S	ديه	-
NEW Registered Office Address:			_	200	$\ddot{\sim}$	
3495 NE 163RD ST			_			
NORTH MIAMI BEACH FL	3316	0	_			
sange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of	the re ability I the I limite	gistered offic company, it imited liabili d liability co	te and the business of is hereby confirmed to ty company or as oth mpany.	ffice of th that the ch	e regi: tange(stered s)
I CMU	10	SAL G. ABI		. 6 si		
who account the appointment as registered agent and agr	ee to c perfor d for it vereby	uct in this cap mance of my n Chapter 60 confirm that	pacity. I further agre	e to come	oly wit and a being has be	h the iccept filed een
	C/O MANAGEMENT Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16931 NE 20th Avenue North Miami Beach, FL 33162 10/30/2015 Date of filing/registration in Florida Elizabeth Del Rio-Henrich, P.A Registered Agent and Registered Office shown on the records of the Registered Office Address 814 PONCE DE LEON BLVD STE 518 CORAL GABLES IGAL G. ABRAHAM Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 3495 NE 163RD ST NORTH MIAMI BEACH FL Ilimited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability company is not organized under the law ange or changes are made, the Florida street address of the proper address of the proper and complete calculus of all statutes relative to the proper and complete relatives of all statutes relative to the proper and complete calculus of this change. Like Company is not organized agent as providered in writing of this change.	C/O MANAGEMENT Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16931 NE 20th Avenue North Miami Beach, FL 33162 10/30/2015 Date of filing/registration in Florida 4. Elizabeth Del Rio-Henrich, P.A Registered Agent and Registered Office shown on the records of the Florida 4. Registered Office Address (MUST BE FLORIDA STREET ADDREST ADDR	C/O MANAGEMENT Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16931 NE 20th Avenue PO Box North Miami Beach, FL 33162 Boca R 10/30/2015 L150001 Date of filling/registration in Florida Elizabeth Del Rio-Henrich, P.A Registered Agent and Registered Office shown on the records of the Florida Dept. of State	C/O MANAGEMENT Principal office address of limited liability company: (Nate: MOST BE STREET ADDRESS) 16931 NE 20th Avenue North Miami Beach, FL 33162 PO Box 1941 Boca Raton, FL 33429 10/30/2015 L15000184798 Date of filing/registration in Florida Elizabeth Del Rio-Henrich, P.A Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 814 PONCE DE LEON BLVD STE 518 CORAL GABLES FL 33134 IGAL G. ABRAHAM Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 3495 NE 163RD ST NORTH MIAMI BEACH FL 33160 Itimited liability company is not organized under the laws of the State of Florida, it is hereby coange or changes are made, the Florida street address of the registered office and the business of will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed rere authorized by an affirmative vote of the members of the limited liability company or as oth ticles of organization or the operating agreement of the limited liability company. IGAL G. ABRAHAM Principal distances relative to the proper and complete performance of my duties, and I am faute of all statutes relative to the proper and complete performance of my duties, and I am faute of a change in the registered office address, I hereby confirm that the limited liability of the inviting of this change.	Anne of the limited liability company: C/O MANAGEMENT Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS) 16931 NE 20th Avenue North Miami Beach, FL 33162 North Miami Beach, FL 33162 Date of filling/registration in Florida L15000184798 Date of filling/registration in Florida Elizabeth Del Rio-Henrich, P.A Registered Office Address 814 PONCE DE LEON BLVD STE 518 CORAL GABLES IGAL G. ABRAHAM Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 3495 NE 163RD ST NORTH MIAMI BEACH Imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the clearer authorized by an affirmative vote of the members of the limited liability company or as otherwise pricines of organization or the operating agreement of the limited liability company or as otherwise pricines of a member or authorized representative of a member of the limited liability company or as otherwise pricines of a member or authorized representative of a member of the limited liability company. IGAL G. ABRAHAM Printed or typed name of signed with a state of the proper and complete performance of my dates, and I am densities with ligitations of my position as registered agent and agree to act in this capacity. I further agree to company of the change. IGAL G. ABRAHAM Printed or typed name of signed with a state of the proper and complete performance of my dates, and I am densities of my position as registered agent and agree to act in this capacity. I further agree to company of the change.	Ame of the limited liability company: C/O MANAGEMENT Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 16931 NE 20th Avenue North Miami Beach, FL 33162 Document number Elizabeth Del Rio-Henrich, P.A Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address 814 PONCE DE LEON BLVD STE 518 CORAL GABLES FL 33134 FL 33134 FL 33160 Imited liability company is not organized under the laws of the State of Florida. it is hereby confirmed that aft ange or changes are made, the Florida street address of the registered office and the business office of the registered office and the registered office and the business office of the registered office and the registered office and the business office of the registered office and the business office of the registered offic