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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ROBIN'S APARTMENTS, I	LLC			
		me of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	his matter to the following:			
MAR	K VENGROFF				
	Name of Person				
ONE	F STOP HOUSING, CLC				
	Firm/Company				
8440	NORTH TAMIAMI TRAIL				
	Address				
SARA	ASOTA, FL 3423				
	City/State and Zip Code				
mark	@onestophousing.com				
Е	-mail address: (to be used for future an	nual report notification)			
For fur	ther information concerning this matter	please call:			
Mark	Vengroff	at (94/)993 - 9563 Area Code & Daytime Telephone Number			
	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:				
	☑ \$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.

1. Na	me of the limited liability company: ROBIN'S AF	PARTMENTS,	LLC		
2. (a)	8440 NORTH TAMIAMI TRAIL	(b) 8440) NORTH TAMIAMI TRAIL		
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SARASOTA, FL 34243	SAR.	SARASOTA, FL 34243		
	11/13/2015	L150	00192456		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	HARVEY VENGROFF				
` '	Registered Agent and Registered Office shown on the records of	State:			
	5135 RIVERWOOD AVE				
	Registered Office Address (MUST BE FLORIDA STREET				
			<u> </u>		
	SARASOTA	L_34231	هر،		
(b)					
	MARK VENGROFF Enter name of NEW Registered Agent and/or NEW Registered				
	isher hance of Staw Registered Agent and of Staw Registered	ed Office address.			
	NEW Registered Office Address:		රා -		
	8440 NORTH TAMIAMI TRAIL		J:		
	SARASOTA	_L 34243			
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the State of the registered of liability company.	flice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in		
n	,/ ٦/	MARK VE	NGROFF		
I herei provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as provided by reflect a change in the registered office address, if in writing of this change.	gree to act in this le performance of led for in Chapter I hereby confirm t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		
Signatu	re of Registered Agent				