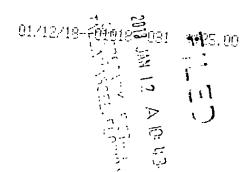


(Requestor's Name)				
(Ad	dress)			
(Address)				
· (Cit	y/State/Zip/Phone	#)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nam	<u></u>		
(_ :	<b>-</b>	,		
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Certified Copies	_ Cenincates	or Status		
Special Instructions to Filing Officer:				

Office Use Only



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## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	1577 Bay Road Unit 206 As	sociates l	LC				
		Name of Limited Liability Company					
Dear Si	r or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change	and fec(s) are submitted for filin	g.			
Please	return all correspondence concerning th	is matter to	the following:				
Kriste	n Koenigsbauer						
	Name of Person		= evet even				
1577	Bay Road Unit 206 Associates LL	.C					
	Firm/Company		<del></del>				
1062	E. Lancaster Ave., Suite 30B						
	Address			29 11			
Rose	mont, PA 19010			2周 年 12 入 5 13			
	City/State and Zip Code		<del></del>	S 5 111			
kriste	n@uchmk.com			- 関・アージ			
E	-mail address: (to be used for future and	iual report r	notification)				
For fur	ther information concerning this matter.	please call	:	3. W			
Kriste	n Koenigsbauer	215 at (	701-4107				
	Name of Person		Area Code & Daytime Tel	ephone 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 Tallahassec, Florida 32314				
	Enclosed is a check for the following	g amount:					
	2 \$25 Filing Fee	C	355 Filing Fee & Certified Co	уру			
INHSI	8 (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: 1577 Bay Roa	ad Unit 206	Associates LLC
2. (a)	1062 E. Lancaster Avenue, Suite 30B		62 E. Lancaster Avenue, Suite 30B
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('')	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Rosemont, PA 19010	Ros	semont, PA 19010
	11/20/2015	L150	000194547
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Arthur Polsky		
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> 2100 West Cypress Creek Road	IDDRESS)	·· <del></del>
		33309	2813
(b)	Suzanne Ferguson		
(17)	Enter name of NEW Registered Agent und/or NEW Registered (	Office nddrevs:	
	NEW Registered Office Address:	<del></del>	<del></del>
	2100 West Cypress Creek Road	<u>-</u>	
	Fort Lauderdale	33309	
ne cha agent w was/we he arti Signat	mited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable and the interest of the members of class of organization of the operating agreement of the liable of a member or authorized terreservative of a member of the liable of a member or authorized terreservative of a member of the appointment as registered agent and agree of all statutes relative to the proper and complete proposed of the proper and complete properties of all statutes relative to the proper and complete properties of the proper and complete properties of the properties of the provided the properties of the following of this divinage.	the registered bility compan f the limited li limited liabilii Michael K	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. arp, Sole Member Henderson Investments LP Printed or typed name of signee
	in writing of his dhange.		, , , ,

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00