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1334 ALTON, LLC

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K. SALY SEP 1 3 2018

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 Morida

, 1334 ALTON, LLC	(b) <u>13</u>	34 ALTON, LLC	
Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	ipany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)	
35 N. Hibiscus Drive	35	N. Hibiscus Drive	
Miami Beach, FL 33139	Mi	iami Beach, FL 33139	
11/23/2015	LIS	000194970	
Date of filing/registration in Florida	4.	Document number	
Richard Kroon, Esu			
(a) Registered Agent and Registered Office shown on the	records of the Florida Dep	n. of State:	
800 West Ave., Suite C-1			
Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)		
		7	
Miani Beach	, FL_33139	TO SE	
	, ^ L	P 12 AM 2: UU ANKSSEE, FLORID	
b) C T Corporation System		<u> </u>	
Enter name of NEW Registered Agent and/or NEW	Registered Office address	5 异杂	
1200 South Pine Island Road		平 ?	
NEW Registered Office Address:			
MEN TERMINE OTHER MALIES			
Plantation	.FL ³³³²⁴		
			
he limited liability company is not organized und change or changes are made, the Florida street and will be identical. Or, in the case of a Florida swere authorized by an affirmative vote of the naticles of organization or the operating agreements.	limited liability comp nembers of the limited ent of the limited liab	nany, it is hereby confirmed that the change(s) dliability company or as otherwise provided is sility company.	
X X COCCUT XXX		A. CAVANAUGH, JR. Printed or typed name of signee	
ignature of a member or authorized representative of a men	noci	•	
ncreby accept the appointment as registered agen ovisions of all statutes relative to the proper and obligations of my position as registered agent a merely reflect a change in the registered office a	nt and agree to act in complete performant as provided for in Cha address, I herchy conf	this capacity. I further agree to comply with ce of my duties, and I am familiar with and ac upter 605, F.S. Or, if this document is being f irm that the limited liability company has bee	
iffied in writing of this change. If Corporation System: Nothan Giffin, Assistant Secondature of Registered Agent			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00