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## **COVER LETTER**

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#### TO: **Registration Section** Division of Corporations

# Boulan Hotel LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabah Shemel

Name of Person

**Boulan Hotel LLC** 

Firm/Company

38 east 32nd street

Address

new york ny 10016

City/State and Zip Code

### svardi@thinkhotelgrp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

366-6766

212

at (

Area Code & Daytime Telephone Number

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# 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

# 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	ame of the limited liability company: Boulan Hotel				
2. (a)	38 east 32nd street	(	(b) _	38 east 3	32nd street
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	N	failing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	suite 603		\$	suite 603	3
	new york ny 10016		ſ	new york	k ny 10016
	January 19, 2016		L	1600001	13246
3.	Date of filing/registration in Florida	4.		··· <b>··································</b>	Document number
5. (a)	Sabah Shemel				
	Registered Agent and Registered Office shown on the records of	the Florid	da D	ept. of State	
	309 23rd street				
	Registered Office Address (MUST BE FLORIDA STREET suite 320	ADDRES	<u>55)</u>		
	miami beach	33139	9		
(D)	Shawn Vardi Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddre	<u>:55</u> ;	17 AUG 24
	309 23rd street				Ĕ Ē
	<u>NEW</u> Registered Office Address:				
	suite 320				ço – ço
	miami beach	_33139	9		20
the cha agent v was/we the arti Signa I here provisi the obl	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elly reflect a change in the registered office address. I d in writing of this change.	f the reg iability c of the lin limited	giste com nite l lial	red office pany, it is ed liability bility com Sab	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. bah Shemel Printed or typed name of signee acity. I further agree to comply with the

Signature of Registered Agent

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