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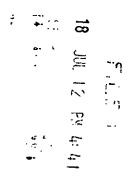
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: ELEVEN 25 LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PATLICK BELFER  Name of Person		
ELEVEN 25 LLC Firm/Company		
19901 E. COUNTRY CLUB DR. # 402		
AVENTURA FL 33180 City/State and Zip Code		
PATRICK . BELFER @ GMAIL . COM  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
PATRICK BELFER at (305) 785 5616  Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations  Division of Corporations  Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
\$25 Filing Fee \$\square\$ \$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

Florida.
1. Name of the limited liability company: <u>ELEVEN 25 LLC.</u>
2. (a) 19 801 E. COINTRY CLUB DR (b)
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
19801 E. COUNTRY CUBIR 19801 E. COUNTRY CL. DO. #50
#501 AVENTURA, FL 33 180
AVENTURA +L SS180
3. Date of filing/registration in Florida 4. Document number
$\Omega = \Xi = \Omega$ $\Omega = \Xi \wedge \alpha$
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
14 TOI F. COUNTRY CLUB DR # 501 . = "
AVENTURA, FL 33180
(b) BELFER PATEIEX
Enter name of NEW Registered Agent and/or NEW Registered Office address:
19901 E. COUNTRY CLUB DR. #402
NEW Registered Office Address:
11/- 1- 11
AVENTURA , FI. 53 180
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member Application of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapte in the registered office address, I hereby confirm that the limited liability company has been notified in writing office address.  Signature of Registered Agent
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**FILING FEE: \$25.00**