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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	EK2455 Realty LLC	
		ne of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to the following:
Elain	e Krutchik	
	Name of Person	
	Firm/Company	
2800	Island Blvd #503	
	Address	
Aven	tura FL 33160	
	City/State and Zip Code	
krutcl	hik@hotmail.com	
Ī	E-mail address: (to be used for future and	nual report notification)
For fu	rther information concerning this matter.	, please call:
Elaine	e Krutchik	305 409-3959 at ()
	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	g amount:
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHST	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.	Name of the limited liability company: EK2455 Re	ealty LLC	
2. (a	2800 Island Blvd # 503 Aventura FL 3316	0 (b) 2800	Island Blvd #503 Aventura FL 33160
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	02/22/2016 Date of filing/registration in Florida	L 1600	00036937 Document number
	Jack Levine PA	٦.	Document number
5. (Registered Agent and Registered Office shown on the records	s of the Florida Dept. of	State:
	Registered Office Address	ET ADDRESS)	18 NOV 26
	Miami	FI 33137	10 26 至 10 26 至
(h	Elaine Krutchik Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Agent</u> .	ered Office address:	ATT ON DA
	NEW Registered Office Address:		
	2800 Island Blvd #503		
-	Aventura	FL_33160	************
the cl agent was/v	limited liability company is not organized under the nange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the flaure Kulley.	s of the registered of d liability company, rs of the limited liab	fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company.
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the or to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complo oligations of my position as registered agent as provi rely reflect a change in the registered office address, and in writing of this change.	agree to act in this e ete performance of i ided for in Chapter . I hereby confirm th	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
Signa	are of Registered Agent		

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