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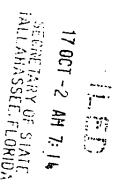
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations						
Islander Apartments LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:					
Bryan Grosman						
Name of Person	· · · · · · · · · · · · · · · · · · ·					
Islander Apartments LLC						
Firm/Company						
315 North Federal Highway						
Address						
Hollywood, Florida 33020						
City/State and Zip Code						
ev@brycorholdings.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of	call:					
Bryan Grosman	954 458-2826					
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 amoun	t:					
☑ \$25 Filing Fee	□ \$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.

I. Na	me of the limited liability company: Islander Apar	tments LL	.C	
2. (a)		(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)
	3500 Washington Street			
	Hollywood, Florida 33021			· · · · · · · · · · · · · · · · · · ·
	04/04/2016	P1	160000	66885
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Grosman, Bryan, Esq.			
. ,	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET: 1051 NW 3rd Street	(DDRESS)	<u> </u>	-
	Hallandale , FL	33009		- ≫∽
(b)	Hollywood RA Services LLC			ECRE
ν-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>88</u> :	FAR
	3500 Washington Street			SEE A III
	NEW Registered Office Address:			T-2 AN 7: ILL TARY OF STATE HASSEELFLORIDA
	Hollywood	33021		
the cha agent v was/we the art // // // Silenal	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre anthonized by an affirmative vote of the members of clessof organization or the operating agreement of the functional member or authorized representative of a member by accept the appointment as registered agent and agreement	the register ability composite the limited liab Bryan	red office pany, it is d liability sility com Grosm	e and the business office of the registers is hereby confirmed that the change(s) by company or as otherwise provided in an an arranged printed or typed name of signee active. I further garee to comply with the
provisi the obl	ons of all statules relative to the proper and complete igations of my position as registered agent as provided by reflects change in the registered office address. It is bring of this change.	performanc I for in Cha	e of my e inter 605	duties, and Lam familiar with and acce 5 F.S. Or if this document is being file

Signature of Rygistered Agent