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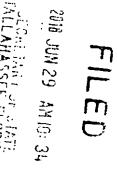
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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2014

COVER LETTER

_	sion of Corporations			
SUBJECT:	490 First Avenue Owner LLC			
	Name o	of Limited Liab	bility Company	
Dear Sir or N	Aadam:			
The enclosed	Registered Agent/Registered Office	Change and fe	ee(s) are submitted for filing.	
Please return	all correspondence concerning this n	natter to the fo	ollowing:	
April Gilbre	eath			
	Name of Person		-	
CM1 Mana	ager, LLC			
	Firm/Company		_	
4923 W C	ypress St.			
	Address		-	
Tampa, FL	33607			
	City/State and Zip Code		-	
april@con	vergentcap.com			
E-mail	address: (to be used for future annual	report notifica	ation)	
For further in	nformation concerning this matter, ple	ease call:		
April Gilbre		813	386-4909	
_	Name of Person	`	Area Code & Daytime Telephone Number	
Regi Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regis Divis P.O.	ALING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314	
Enclosed is a check for the following amount:				
2 \$2	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

Fursuant 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. N	Name of the limited liability company: 490 First Ave	enue Owne	er LLC			
2. (a)	4023 M Cypross St	(b) 4	(b) 4923 W Cypress St.			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Tampa, FL 33607	 	ampa, FL 33607			
	4/06/16	L1	6000068319			
3.	Date of filing/registration in Florida		Document nur	mber		
5. (a	CCP First Avenue LLC					
J. (4	Registered Agent and Registered Office shown on the records of 4600 W Cypress St.	Tthe Florida De	pt. of State;			
	Registered Office Address (MUST BE FLORIDA STREET) Suite 120	(ADDRESS)				
	Tampa . FI	33607		2016 C		
(b) Enter name of NEW Registered Agent and/or NEW Registered 4923 W Cypress St. NEW Registered Office Address:		d Office addres	<u>S</u> :	JUN 29 AM IO: 34 AN ANSSEE FLORID		
	Tampa, FI	33607				
the chagent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the register iability comp of the limited climited liab	ed office and the busing any, it is hereby confir I liability company or a	less office of the registere med that the change(s)		
Sign	ature of a member or authorized representative of a member		Printed or typed	name of signee		
provis the ob to mei notific	eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete sligations of my position as registered agent as provide rely reflect a change in the registered office address. I led in writing hydris change	r performanc	this capacity. I further e of my duies, and I an	r agree to comply with the m tamiliar with and accer		