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SECRETARY OF STALE

D. BRUCE NOV 1 8 2016

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: GAN	IDY BLVD N	I 1616 LLC							
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing							
Please return all correspondence concerning the	nis matter to th	ne following:							
Penelope B. Perez-Kelly									
Name of Person									
Fisher Rushmer, P.A.									
Firm/Company	· · · · · · · · · · · · · · · · · · ·								
390 North Orange Avenue, Suite 2200)								
Address									
Orlando, Florida 32801			2011 TALL						
City/State and Zip Code		 -	2018 NOV 17 SECRETARY ALLAHASSE						
pperezkelly@fisherlawfirm.com			TARY OF ASSECT						
E-mail address: (to be used for future an	nual report no	tification)							
For further information concerning this matter	, please call:		ELECONI ELECON						
Penelope B. Perez-Kelly	407 at (843-2111	DA S						
Name of Person	,	Area Code & Daytime Tele	phone 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 followin	g amount:								
2 \$25 Filing Fee	D	\$55 Filing Fee & Certified Cop	y						
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.

1. Na	une of the limited liability company: GANDY BL	VD N 1	616 LLC		~ · · · · · ·		
							
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·	3	dailing address of (Note: MAY BL	limited liabil	ity compa	ny:
	5838 Collins Avenue, 7B		5838 Co	llins Avenue	, 7B		
	Miami Beach, Florida 33140		Miami Be	each, Florida	33140		
	04/13/2016		L1600007	72922			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)							
J. (4)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept. of State	- <u>*</u> :			
	Penelope B. Perez-Kelly						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>(S)</u>	-			
	2295 S. Hiawassee Road, 302						
	Orlando	3283	5	•	Z:2	23	
	*	~	· · · · · · · · · · · · · · · · · · ·	•	Z S .	C I AON 9102	~~
(b)				-	## >#	Š	
	Enter name of NEW Registered Agent and/or NEW Register	ed ()(lice a	<u>ddress</u> :		388		-
	Penelope B. Perez-Kelly				E E	ת ס	TI I
	NEW Registered Office Address:			,	10A	<u>ڊ</u> بَ	O
	390 North Orange Avenue, Suite 2200		~ ~		5	** <u>-</u>	
	Orlando	ւլ 3280 ⁻	l .				
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of th of the reg liability of s of the lin te limited	e State of Flo istered office company, it is mited liability	e and the busing s hereby confir y company or a ipany,	ess office o	of the repose chang	gistered e(s)
Signa	ture of a member of authorized representative of a member			Printed or typed	name of sign	ee	
provis the ob- to mer notifie	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple- tioning of my position as registered agent as provide etherical actions of this ending. If inversing of this endinge.	gree to acted to perform the formal to the f	et in this cape nance of my a Chapter 605 confirm that i	acity. I further duties, and I an I, F.S. Or, if th the limited liah	agree to c n familiar v is documen ility compo	omply with and it is bein iny has	rith the laccept ng filod heen

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