L16000090161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 JUN 13 PM 4:22
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TALLAHASSEE, FLORIDA

JUN 15 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIVE WATER RESIDENCES 7 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:

Fernando Alpern
Name of Person

PREMIER BUSINESS MANAGMENT, LLC
Firm/Company

18246 Collins Avenue
Address

Sunny Isles Beach FL, 33160
City/State and Zip Code

adam@flagtitle.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Fernando Alpern at (305) 947-0477
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 amount:

☐ $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.

1. Name of the limited liability company: PRIVE WATER RESIDENCES 7 LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

18246 COLLINS AVENUE

SUNNY ISLES BEACH, FL 33160

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

18246 COLLINS AVENUE

SUNNY ISLES BEACH, FL 33160

3. Date of filing/registration in Florida: 05/09/2016

4. Document number: L16000090161

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: SCHIFFMAN, ADAM

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

225 E ROBINSON ST STE 570

Orlando, FL 32801

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TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SCHIFFMAN, ADAM

NEW Registered Office Address:

18246 COLLINS AVENUE

SUNNY ISLES BEACH, FL 33160

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 or authorized representative of a member

SCHIFFMAN, ADAM
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 change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2/14)