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(Requestor's Name)					
(Address)					
(Address)					
(National)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
					
Special Instructions to Filing Officer:					





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Mr. S. Jan. Sey

COVER LETTER

Divi	sion of Corporations					
SUBJECT:	Altitude Management Group LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or M	Madam:					
The enclosed	d Registered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this	s matter to the fo	llowing:			
Edward W	/ Biel					
_	Name of Person					
Altitude M	anagement Group LLC					
	Firm/Company		-			
180	001 Collins Ave.					
	Address		-			
Sunny Isla	es Beach, Florida 33019					
	City/State and Zip Code		-			
_	mpmiami.com		_			
E-mail	address: (to be used for future ann	ual report notific	ation)			
For further i	information concerning this matter,	please call:				
Ed Biel		305	692-5630			
	Name of Person		Area Code & Daytime Telephone Numbe			
Reg Div Clil 266	gistration Section rision of Corporations fton Building Executive Center Circle lahassee, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, Florida 32314			
Enc	closed is a check for the following amount:					
2 1 9	\$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy			

TO: Registration Section

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	me of the limited liability company: Altitude Mana	gement Gro	oup LLC
2. (2		18001 Collins Ave.	(b) sar	me
(-	- / .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Sunny Isles Beach, Florida 33019	_	
		05/17/16	L160	000093290
3.		Date of filing/registration in Florida	4.	Document number
5. (a)	Simpley Legal LLP		
(,	Registered Agent and Registered Office shown on the records of Kristina Wilson Esq.	the Florida Dept.	of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		201 SE
		1200 Brickell Avenue Suite 850		ALC: J
		Miami , FL	33131	LAH LAH
(1	b)	Edward W. Biel		SECKLAHASSEE. FL
•	,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
		18001 Collins Ave		<u> </u>
		NEW Registered Office Address:		
		Sunny Isles Beach		
		FL	33160	
the cager was, the :	cha nt v /we gna gna ere visi	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If it is not the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If it is not the proper and complete ligations of my position as registered office address. If it is not the proper and complete ligations of the proper and complete ligations of my position as registered office address. If it is not the proper and complete ligations of the proper and complete li	the registered ability compared the limited limited limited Linda Greet to act in the	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Seyer Member Manager Printed or typed name of signee
Ciar	<u>/</u>	ed ward M is C are of Registered Agent		

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