LADDANA

(Re	equestor's Name)			
(Ad	ddress)			
(Ad	ddress)			
(Ci	ity/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Be	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300286558573

06/08/16--01022--005 **50.00

17 IAC

SECRETARY OF STAT

JUN 0 9 2016 S. YOUNG

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT:	Name of Limited Dability Company			
Dear S	ir or Madam:				
The er	closed Registered Agent/Registe	red Office Change and fee(s) are submitted for filing.			
Please	return all correspondence concer	rning this matter to the following:			
	Donal D & Name of Person	sorbach			
	3 vi 3 Red Firm/Company				
	662 F Address	fern St.	6 JUH -8		
	West Palm be City/State and Zip	Pach, F1 33401 Code	16 JUN -8 FH 12: 14		
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this	matter, please call:			
	Donald Book	pach at (56) 707-6210			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRE				
	Registration Section Division of Corporations	Registration Section Division of Corporations			
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	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.	Na	ame of the limited liability company:3\n3 Red	Hy UC	
		5550 Blades Ko.	(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)	
		Su: Ne 500	1730 S. Federal Huy #	<u> 301</u>
		Doca Katur, Fl 33431	Delray Beach, Fl 334	83
		Jualib	L16000094219	
3.		Date of filing/registration in Florida 4.		
5.	(a)			G CI
		Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of State:	بند بند _{دو}
		5550 6 Lades Ro.	orida Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET ADDR.	(ESS)	
		Suite 500	PH	**) [
		Bocy Later, FL	33431 E	: ت
			<u> </u>	 برا برا
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	address.	
		Enter hanc of NEW Registered Agent and/or NEW Registered Office	e address.	
		500 South Aust	tralicin Ave	
		NEW Registered Office Address:		
		Suite 601	<i>O</i>	
		_		
		West Valm Beach .FL	23401	
the ag wa the	e cha ent v is/we e arti	limited liability company is not organized under the laws of ange or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the ticles of organization or the operating agreement of the limit	registered office and the business office of the registry company, it is hereby confirmed that the change(stable) limited liability company or as otherwise provided ted liability company.	tered
	_	ature of a member or authorized representative of a member	Printed or typed name of signee	1
pro the to no	uerei ovisi obl mere tified	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfo digations of my position as registered agent as provided for rely reflect a change in the registered office address, I hereb ed in writing of this change.	of act in this capacity. I further agree to comply with formance of my duties, and I am familiar with and ac in Chapter 605, F.S. Or, if this document is being j by confirm that the limited liability company has bee	i me cept filed en

Signature of Registered Agent