Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:				DEC
10.	Division of Corpora	tions		19
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From:	Account Name : RE	GISTERED AGENT S	OLUTIONS INC	AM II: 27
	Account Number : I2			27
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COVER LETTER

TO: Registration Section
Division of Corporations

TECT: 1191 CABANA RD. PARTNERS, 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:

Vanessa Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest P	kwy. Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
	888 705-7274
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 am	ount:
□ \$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

1. Na	ame of the limited liability company: 1191 CA	ABA	<u>NA RD.</u>	PARTNER	<u> </u>	<u>.C</u>
2. (a)	400 Park Avenue South		_(b) 400 F	Park Avenu	e Sou	ıth
. , , _ ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) #28D	 -		Sailing address of limited (Note: MAY BE POST	liability com	pany:
	New York, NY 10016			York, NY 10	016	
	11/21/2016		L1600	0212174		
3.	Date of tiling/registration in Florida	4.		Document number		
5. (a)	BLUMBERGEXCELSIOR CORPORATE	SERV	ICES, INC			
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:		
	155 Office Plaza Dr					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS2</u>		2022	Ĭ.,
	1st Floor				2022 DEC	- 11. - 1
	Tallahassee	323	<u>801 </u>		613	1.5-
(b)	Registered Agent Solutions	, Inc				2000 2007 2007
•	Enter name of NEW Registered Agent and/or NEW Registered	d Office ;	<u>iddress</u>		AM II: 2	
	155 Office Plaza Dr.				27	•
	NEW Registered Office Address:					
	Suite A					
	Tallahassee	323	801			
the cha agent w was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the required in the first the first the first the first time. The first th	gistered office company, it is mited liability	and the business off hereby confirmed the company or as other	ice of the rat the char	egistered igc(s)
s/ R	ICHARD MARSHEL	R	ICHARD	MARSHELMa	nager	

/S/	RICHARL) MAKSHEL
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Signature of a member or authorized representative of a member

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

Mackenzie Hart, Asst. Secretary