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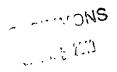
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	1408 WEST LAKE HOLDINGS, LLC					
JODJEC I.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	I Registered Agent/Registered Of	Tice Change	and fe	e(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to	the fo	llowing:		
Brian R. K	opelowitz					
	Name of Person	<u>.</u>		•		
Kopelowitz	z Ostrow					
	Firm/Company			•		
One West	Las Olas Blvd., Suite 500					
	Address	• • •	·	•		
Fort Laude	erdale, Florida 33301					
	City/State and Zip Code			•		
w8untildrk	_					
	address: (to be used for future and	·		ition)		
For further in	nformation concerning this matter	, please call:				
Brian R. Ko	opelowitz	954 at (525-4100		
	Name of Person			Area Code & Daytime Telephone Number		
	EET/COURIER ADDRESS:	MAILING ADDRESS:				
	stration Section	Registration Section				
	sion of Corporations		Division of Corporations			
	on Building Executive Center Circle	P.O. Box 6327 Tallahassaa, Florida 32314				
	hassee, Florida 32301	Tallahassee, Florida 32314				
Encl	losed is a check for the following	amount:				
☑ \$:	25 Filing Fee		S55 Filing Fee & Certified Copy			

- 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:	1408 WEST	LAKE HOLDI	NG, LLC
<u>-</u> . (-,	Principal office address of limited h	ability company:		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	16141 Quiet Vista Circle			
	Delray Beach, Florida 33446			
	12/01/2016		L1600	00218010
3.	Date of filing/registration in	ı Florida	4.	Document number
5. (a)				
	Registered Agent and Registered Office sho	wn on the records of	the Florida Dept. o	f State:
	Registered Office Address (MUST BE F			
	7777 Glades Road, Suite 300)		18 Jan 23
	Boca Raton	121	33434	
	Brian R. Kopelowitz NEW Registered Office Address: One West Las Olas Bloulevar			8: 17
	Fort Lauderdale	E	33301	
the cha agent was/we the arti Signat I herel provisi- the obli- to merce notified	nge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating the operating of a member or authorized representative one of all statutes relative to the projections of all statutes relative to the projections of my position as registered	ized under the last street address of Florida limited li of the members of agreement of the of a member agent and agore and complete agent as provide	ws of the State of the registered of the registered of ability company of the limited liability (2) were to act in this performance of the direction of the content of the	of Florida, it is hereby confirmed that after office and the business office of the registered v, it is hereby confirmed that the change(s) ability company or as otherwise provided in v company. Printed or typed name of signee capacity. I further agree to comply with the finy duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been
	Division of Corp		Box 6327● Tall EE: \$25.00	ahassee, FL 32314