Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE **GULF VIEW REALTY LLC**

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COVER LETTER

→ 18506176383

TO: Registration Section Division of Corporations					
SUBJECT: GULF VIEW REA	ALTY LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the following:				
Joshua Murphy					
Name of Person	 				
Registered Agent Solutions, Inc.					
Firm/Company					
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400				
Address					
Austin, TX 78735					
City/State and Zip Code					
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this matter,	please call:				
Joshua Murphy	at ()				
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:				
S25 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

15129570210

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.

AT NECK ROAD, SUITE 304 iiling address of limited liability company: (Note: MAY BE POST OFFICE BOX) T NECK, NY 11021

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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.

/s/	lgal Namdar	Igal Namdar	Authorized Person
	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.

Mackenzie Hart, Asst. Secretary Signature of Registered Agent