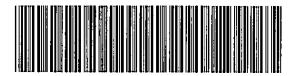
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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing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

TQ:	Registration Section Division of Corporations	•	•					
SUBJI	Franzblau Trust Holdings-Gateway Shopping, LLC							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Of	fice Change	and fcc(s) are submitted for filing.					
Plcasc	return all correspondence concerning the	his matter to	the following:					
Gary	T. Stiphany							
	Name of Person							
Stipha	any Law							
	Firm/Company							
80 SV	V 8 Street, Suite 3100		•					
	Address							
Miam	i, Florida 33130							
	City/State and Zip Code		•					
gary@	stiphanylaw.com							
Е	-mail address: (to be used for future an	nual report	notification)					
For fur	ther information concerning this matter	, please call	:					
Steve	n Lippman	954	361-4560					
_	Name of Person	ar (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	g amount:						
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					

INHS18 (2/14)

TO:

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. N	ame of the limited liability company: Franzblau Tr	ust Hold	ings-Gat	eway Shopping	g, LLC	:
2. (a)	c/o Smith Moses Morris & Associates	(b)	c/o Smi	ith Moses Morr	is & A	ssociates
()	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) 2125 S. Andrews Ave.			
	2125 S. Andrews Ave.					
	Ft. Lauderdale, FL 33316		Ft. Lauderdale, FL 33316			
	09/20/2018	ı	L170000	44323	-	
3.	Date of filing/registration in Florida	4.		Document numb	er	- ,
5. (a)	·					
, .	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	te:		
				_		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	1			
				_	. سد مزر	19
	,FI				; *:>	9 7
	,			_	Ē.	F11_E
(b)				_		- 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:		•	<u> </u>
					Ē,	Ġ.
	NEW Registered Office Address:			_	٠,	83
				-		
	, FL					
agent was/we	imited liability company is not organized under the lange 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 the operating agreement of the	ws of the s f the regist ability con of the limi	tered office mpany, it i ted liabilit	e and the business s hereby confirme ty company or as o	office	of the registered
1	Manh Valle		k Franzb	• •		
Signa	ture of a member or authorized representative of a member			Printed or typed nar	ne of sign	nee
the obl	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	י ממצות צממי	mre of mai	dution and I am f	~	

Signature of Registered Agent