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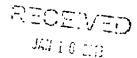
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	Division of Corporations	•	(
	Fax Number : (850)617-6383	:	-
From:	with the same of t		-
110.01	Account Name : J L HOFMANN & ASSOCIATES, P.A.		
	Account Number : 119990000022		-
	Phone : (305)666-0024		
	Fax Number : (305)666-0028		
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LLC REGISTERED AGENT CHANGE GMC 50TH STREET, LLC

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Page Count	02
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H180000148843

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.

2. (a)		(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)
	September 18, 2017		L17000193209
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Registered Agents, Inc.		
e, (N)	Registered Agent and Registered Office shown on the records	of the Florida Dep	Document number at of State:
	Deliver Advisor III	T (DODEON	_ <u></u>
	Registered Office Address (MUST RE FLORIDA STREE 420 S. Dixie Highway, Suite 4B	I ADDRESS)	تبني
			 ?
	Coral Gables , I	_{FL} 33146	
			•
(p)	Enter name of NEW Registered Agent and/or NEW Register	1000	
	Puter name of MEAA Redistrass, About author WEAA Rubistas.	en Critica Milares	<u>i</u> :
	NEW Registered Office Address:		
	9300 S. Dadeland Blvd, Suite 600		
	Miami	L 33156	
			
If the li	imited liability company is not organized under the l inge or changes are made, the Florida street address	laws of the Sta	te of Florida, it is hereby confirmed that after
agent v	vill be identical. Or, in the case of a Florida limited	liability compa	any, it is hereby confirmed that the change(s)
was/we the arti	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	s of the limited se limited lishi	l liability company or as otherwise provided in lility company
			th R. Florio
Segila	ture of a member or authorized representative of a member		Printed or typed name of signee
I herei	by accept the appointment as registered agent and a ons of all statules relative to the proper and comple	gree to act in the performance	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept
ne ooi to mere notified	by accept the appointment as registered agent and a ons of all statules relative to the proper and comple igations of my position as registered agent as providily reflect a change in the registered office address. I in writing of this change.	lea for in Chap I hereby confi 	rm that the limited liability company has been
	3		
Zignatu	re of Registered Agent		

Division of Corporations P.O. Box 6327 fallahussee, FL 32314 FILING FRE: \$25.00