111000 255425

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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(Business Entity Name)						
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	COVER LETTER						
	Registration Section Division of Corporations		•				
SUBJEC	ST MORITZ 168, LLC						
		e of Limite	ed Liab	ility Company			
Dear Sir	or Madam:						
The encl	osed Registered Agent/Registered Offic	ce Change	and fe	e(s) are submitted for filing.			
Please re	eturn all correspondence concerning this	s matter to	the fol	llowing:			
GEOR	GE ULLRICH						
	Name of Person						
CREAT	TIVE REALTY PARTNERS						
	Firm/Company			•			
9465 W	VILSHIRE BLVD., THIRD FLOOR	₹					
	Address						
BEVER	RLY HILLS CA 90212						
	City/State and Zip Code						
GEOR	GE@CREATIVEREALTYPARTN	ERS.CO	M				
E-n	nail address: (to be used for future annu	ial report n	otifica	tion)			
For furth	ter information concerning this matter, p	please call:	:				
GEORG	GE ULLRICH	714 at (267-6132			
	Name of Person	_ at () Area Code & Daytime Telephone Number			
F I (2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301		Regis Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 hassee. Florida 32314			
F	Enclosed is a check for the following :	amount:					

☐ \$55 Filing Fee & Certified Copy

S25 Filing Fee

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. 1	Name of the limited liability company: ST MORITZ 16	8, LLC			
2. (a	ST MORITZ 168 C/O CREATIVE REALTY PA	(b)	ST MOR	ITZ 168 C/O CREATIVE REAL	ΤY
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. ("/		lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	9465 WILSHIRE BLVD., THIRD FLOOR	+	9465 WIL	SHIRE BLVD., THIRD FLOOR	ı
	BEVERLY HILLS CA 90212	· - ! 	BEVERL'	Y HILLS CA 90212	<u> </u>
	12/14/2017	L	1700025	5425	
3.	Date of filing/registration in Florida	4.	I	Document number	_
5. (a	, MOSES, MICHAEL				
	Registered Agent and Registered Office shown on the records of the	: Florida E	Dept. of State:	1019	*1
	Registered Office Address (MUST BE FLORIDA STREET AD	ARE O			
	12443 SAN JUSE BLVD., SUITE #604	12443 SAN JOSE BLVD., SUITE #604			
	JACKSONVILLE FL 3	2223		E C	
 (b	RON WENZEL			PK 2: 05 OF STATE E. FLORIDI	
'	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addr	ess:	OFF O	
	GRAIL MANAGEMENT GROUP				
	NEW Registered Office Address:				
	676 CHERRY STREET, SUITE #2				
	WINTER PARK	2789			
the clagent was/vithe ar	limited liability company is not organized under the laws nange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of a ticles of organization or the operating agreement of the limited of a member or authorized representative of a member sions of all statutes relative to the proper and complete peoplications of my position as registered agent as provided for the reflect a change in the registered office address. I here ed in writing of this change.	ne registe ility com the limit mited lia GEO	ered office appany, it is ed liability bility comp	and the business office of the register hereby confirmed that the change(s) company or as otherwise provided in pany. _RICH Printed or typed name of signee	1
			,		
Signa	ture of Registered Acous				
	Division of Corporations P.O. Bo	x 6327 •	Tallahass	ee. Fl. 32314	

FILING FEE: \$25.00