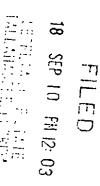
4800000077

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COVER LETTER

144

TO:	Registration Section Division of Corporations	,***			
SUBJ	1135-101 Street, LLC				
		Name of Limited Liability Company			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the following:			
Hillar	ry Frankel				
	Name of Person				
1135	-101 Street, LLC				
	Firm/Company				
1231	99th Street				
	Address				
Bay I	Harbor, FL 33154				
	City/State and Zip Code				
tenni	shop123@gmail.com				
F	E-mail address: (to be used for future and	nual report notification)			
For fu	rther information concerning this matter.	, please call:			
Hillar	y Frankel	305 244-9911			
	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:				
	☑ \$25 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

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:	5-101 Street, LLC	
2. (a	Principal office address of limited liability of (Note: MUST BE STREET ADDRES)	• •	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)
3, 5. (a	12/29/2017 Date of filing/registration in Floric a) GSK Registered Agents, Inc. Registered Agent and Registered Office shown on the	da 4.	B00000077 Document number pt. of State:
	Registered Office Address (MUST BE FLORID) 1380 Royal Palm Square Blvd. Ft. Myers	A STREET ADDRESS; . FL 33154	18 SEP
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Eisinger Brown Lewis Frankel & Ch		SEP 10 PH IZ: 03
	4000 Hollywood Blvd., Suite 265-Se	outh . FL 33021	
the chagent was/v the ar	t will be identical. Or, in the case of a Florida wore authorized by an affirmative vote of the prices of organization or the operating agreent and the operating agreement of a member of authorized representative of a member of authorized representative of a member of appointment as revisitered and	address of the registered limited liability computed limited limited limited limited liability computed liability computed liability limited liability	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I hiability company or as otherwise provided in ility company. Frankel Printed or typed name of signee this canacity. I further agree to comply with the
provi. the ol to me notifi	isions of all statutes relative to the proper and blightions of my position as registered agent a grefylreflect a change in the registered office a led in writing of this change.	complete performance is provided for in Chapadaress, I hereby confi	e of my duties, and I am Jamiliar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been