## 1180000 8357

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer:	

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R. WHITE
JAN 1 4 2019

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Ginger House LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Marcof Person		
Ginger Hasse LLC Firm/Company		
(085 Destacada Ave.		
Coral Galdes FL 33156 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (305) 345-9691  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clore 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.

I.	Na	me of the limited liability company: Ginger House LLC
2.		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) (085) HCS+CCCQQ AC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Coral Gables, FL 33156 Coral Gables, FL 33156
2		1/9/2018 L18000008357
<ul><li>3.</li><li>5.</li></ul>	(a)	Date of filing/registration in Florida  4. Document number  Florida Florida Deput Company  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	(b) .	Tallahassee , FL 32301  Kara Cro+++  Enter name of NEW Registered Agent and/or NEW Registered Office address:
		<u>C85 Destacada</u> A.C.  NEW Registered Office Address:
		Coral Gables , FL 33156
the age wa the	char ent w s/we artic	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization of the operating agreement of the limited liability company.    A
pro the to	ovisie obli mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been for writing of this change.

Signature of Registered Agent