L18 000039992

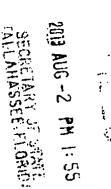
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Considerations to Filing Officer					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

		COVER L	LETTER				
	gistration Section vision of Corporations						
SUBJECT	1707 HARBOR VIEW LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Offic	e Change and	I fee(s) are submitted for filing.				
Please retu	rn all correspondence concerning this	matter to the	following:				
Alejandra	ı Marquez Villa						
-	Name of Person						
AMV Leg	al Group P.A.						
	Firm/Company						
2450 Ho	llywood Blvd, Suite 300						
-	Address						
∺ollywoo	d FL, 33020						
	City/State and Zip Code		<u> </u>				
info@am	vlegalgroup.com						
E-ma	il address: (to be used for future annu	al report noti	fication)				
For further	information concerning this matter, p	please call:					
Alejandra	a Marquez Villa	954 at (2539695				
	Name of Person	(Area Code & Daytime Telephone Number				
Re Di ^s Cli 260	gistration Section vision of Corporations offton Building 61 Executive Center Circle llahassee, Florida 32301	Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314				
Enclosed is a check for the following amount:							
	\$25 Filing Fee	□ \$	S55 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. Na	me of the limited liability company: 1707 HAR	BOR VIE	EW LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2450 Hollywood Blvd St Hollywood Fl 33020	<u>e 3</u> 00	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2450 Hollywood Blvd, Suite 300 Hollywood FL, 33020
	02/13/2018		L18000039992
3. 5. (a)	Date of filing/registration in Florida AMV Legal Group P.A. Registered Agent and Registered Office shown on the record	4.	Document number ida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE 3325 Hollywood Blvd, Suite 400	SET ADDRES	<u>'SS)</u>
	Hollywood	FL 33020	0 22
. (b)	AMV Legal Group P.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> NEW Registered Office Address:	ered Office a	address:
•	2450 Hollywood Blvd, Suite 300		
	Hollywood	, FL33	3020
Signa I here provise the object to mero notified	inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization on the operating agreement of ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provided in whiting of this change.	e laws of the reged liability of the limited Ro	he State of Florida, it is hereby confirmed that after registered office and the business office of the registere company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in d liability company. Comina Cipriani Printed or typed name of signee act in this capacity. I further agree to comply with the remance of my duties, and I am familiar with and acce of Chapter 605, F.S. Or, if this document is being file of confirm that the limited liability company has been
Signatu	Division of Corporations • P.	O. Box 632 G FEE: \$2	