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TO: Registration Section

Divis	sion of Corporations							
SUBJECT:	104 & 108 SE 8th Avenue, LLC							
SUBJECT:	Name of Limited Liability Company							
Dear Sir or N	Madam:							
The enclosed	l Registered Agent/Registered Off	fice Change a	ınd fe	e(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to t	he fo	llowing:				
Emilia Pea	rson							
	Name of Person			•				
Crown Hol	dings Group, LLC							
	Firm/Company			•				
4828 Ashfo	ord Dunwoody Road, Suite 4	100						
	Address							
Atlanta, GA	A 30338							
	City/State and Zip Code							
epearson@	Ocrownhgroup.com							
E-mail	address: (to be used for future ann	nual report no	otifica	ition)				
For further in	nformation concerning this matter,	, please call:						
Emilia Pea		770 at (391-1233				
	Name of Person			Area Code & Daytime Telephone Number				
Regi: Dívis Clifto 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Encl	osed is a check for the following	amount:						
□ \$2	25 Filing Fee	Ø	\$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. Na	ime of the limited liability company:	E 8th	ı Av	venue, LL	LC	
2. (a)	4828 Ashford Dunwoody Road, Suite 400		(t	4828 A	Ashford Dunwoody Road, S	uite 400
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,,	·/	Mailing address of limited liability co	
	Atlanta, GA 30338			Atlanta,	, GA 30338	
	02/21/2018			L180000	047070	
3.	Date of filing/registration in Florida	4			Document number	_
5. (a)	Mann & Wolf, LLP					
(,	Registered Agent and Registered Office shown on the records o	f the Fl	orida	n Dept. of Sta	nte:	
	500 E. Broward Blvd.					
	Registered Office Address (MUST BE FLORIDA STREET	ADDE	RESS	<u> </u>	_	
	Suite 1700					
	Ft. Lauderdale	333	894		- S	2
	·				- 35 32	SEC SEC
(b)	Mann & Wolf, LLP					도유 요크 ~
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Offic	e ad	<u>dress</u> :	- -	PAC CAN
	100 NE Third Avenue				2	RP OF S
	NEW Registered Office Address:				න -	A
	Suite 780				_	7.00 × 0.00
	Ft. Lauderdale , F	_L 333	01		_	
the cha agent w was/we the arti	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the riability of the limit	regi: y co : lin ted	stered offic ompany, it sited liabili	ce and the business office of the is hereby confirmed that the charty company or as otherwise prompany.	registered
Signat	ure of a member or authorized representative of a member	-			Printed or typed name of signce	
- provisio - the obli - to mere	by accept the appointment as registered agent and agens on all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to e perfe ed for herel	aci orm in (by c	in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply duties, and I am familiar with a 15. F.S. Or, if this document is he the limited liability company h	y with the and accept peing filed as been
<u>C:</u>	e of Bogistered Agens					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00