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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE 1218 NORTH MONROE STREET LLC

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APR 1 4 2020

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.

. Na	me of the limited liability company: 1218 Not	rth Monro	oe Street LLC	
2. (a)	1175 TUOLUMNE ROAD	(b) 117	(b) 1175 TUOLUMNE ROAD	
. (117)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MILLBRAE, CA 94030	MIL	LBRAE, CA 94030	
	04/13/18	L180	000094036	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	STODDARD, RICHARD C			
), (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:	
	3100 UNIVERSITY BOULEVARD SC	UTH		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	SUITE 101			
	JACKSONVILLE 151	32216	202	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	d Office address:	2020 APR 13 AIP9:: 00	
	STE 300		∵ 0	
	St. Petersburg	L33702		
the cha agent v was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	t the registered lability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.	
 Signa	ture of a member or authorized representative of a member	11110970	Printed or typed name of signee	
I here provisi the obl to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. If it writing of this change.	gree to act in the e performance of ed for in Chapt hereby confirn nt Secretary	is capacity. I further agree to comply with the of my duties, and I am familiar with and accep er 605, F.S. Or, if this document is being filed n that the limited liability company has been	