L18000 230 356

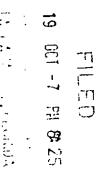
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
_					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
 -					
Special Instructions to Filing Officer:					

Office Use Only



900334946439

10/07/19--01033--012 **25.00



OCT 3 0 2019 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations							
SUВЛ	Franzblau Trust Holdings-Gateway Property, LLC							
		ability Company						
Dear Sir or Madam:								
The en	closed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the f	ollowing:					
Gary	T. Stiphany							
	Name of Person		_					
Stiphany Law								
	Firm/Company		_					
80 SV	W 8 Street, Suite 3100							
	Address		_					
Miam	i, Florida 33130							
-	City/State and Zip Code							
gary@	gstiphanylaw.com							
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Steve	n Lippman	954 at (361-4560					
	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	Reg Div P.O	pistration Section dision of Corporations E. Box 6327 dahassee, Florida 32314					
	Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	□ \$ 5	5 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.	Name of the limited liability company: Franzblau Tru	ust Ho	ldings-Ga	ateway Property, LLC		
2. (a	c/o Smith Moses Morris & Associates		_(b) c/o Sr	nith Moses Morris & Associates		
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2125 S. Andrews Ave.		2125 S. Andrews Ave.			
	Ft. Lauderdale, FL 33316		Ft. Lauderdale, FL 33316			
	09/28/2018		L18000	230356		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)					
`	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
				•		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- 19			
			<u> </u>			
	FL			19 BIT -		
	, , ,	·——				
(t	·					
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddre <u>ss</u> :	<u> </u>		
				25		
	NEW Registered Office Address:					
				_		
	, FI	.		_		
the c agent was/v	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the reg ability of the li	istered off company, i mited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in		
	Mark Talle		ark Franz	• •		
Signature of a member or authorized representative of a member				Printed or typed name of signee		
provi the o to me	reby accept the appointment as registered agent and agg sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide crely reflect a change in the registered office address, I ed in writing of this change.	ree to a perfori d for in hereby	ct in this co nance of m Chapter 6 confirm the	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		

Signature of Registered Agent