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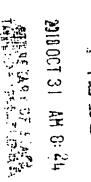
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,,,,,				
(Document Number)				
(Boodine it is in both				
Certified Copies Certificates of Status				
Certified copies				
Special Instructions to Filing Officer:				
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COVER LETTER ...

TO: Registration Section

INHS18 (2/14)

Division of Corporations					
SUBJECT: 1826 JUNE COAD NPB. LLC. Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matte	r to the following:				
Name of Person					
Firm/Company					
1 820 TUNO RIS Address					
NOCTH PALM BEACH, FL 33 City/State and Zip Code	<u> 408 </u>				
J-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
Name of Person	561) 495 - 3843 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive 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				

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	une of the limited liability company: 1820 JUA	IN RUAD N	PB, LLC	
2. (a)			-	
, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab	
	1826 TINE RUAD	1420	JUND READ	
	NORTH MAN BEACH, FL 33400	Nicti	4 ALM BEACH, F	FL 33406
	COT. 12, 7016		8000247679	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	SETTIMETED FOLISINGS, LLC		_	
	Registered Agent and Registered Office shown on the records of t	he Florida Dept, of Sta	ite:	
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS)	_	<u>e</u>
	1		ਜ਼ ੋਦੇ ਆਈਵ ਹੈ ਹੈ ਤੋਂ	
	NEXTH AMIN DETICAL FL	33108		F L
(b)	JCHN J. LEBENLL		7 (2) 14 (2) 2 (4)	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	્રહે કે. જેક કે. જેક	. Č . . ⇔
	212 E 2574 ST.		- Andrews	· +·
	NEW Registered Office Address:		_	
	<u> </u>		<u>_</u>	
	RIVIENZA BENKONFL	33468	_	
If the 1	imited liability company is not organized under the law	vs of the State of F	lorida it is bereby confir	med that after
the cha	inge or changes are made, the Florida street address of	the registered offic	ce and the business office	of the registered
agent v	will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members o	f the limited liabili	ity company or as otherwi	ise provided in
the arc	cles of organization or the operating agreement of the	•	, ,	
Signa	ture of a moinber or authorized representative of a member	K. H. j	Printed or typed name of sig	enee
- 1 here	by accept the appointment as registered agent and agr	ee to act in this ca	pacity. I further agree to	- comply with the
provisa the ob- to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d in writing of this change.	performance of my I for in Chapter 60 hereby confirm tha	duties, ånd I am familia 15, F.S. Or, if this docum 1 the limited liability com	r with and accep ent is being filed pany has been
Swiin	ire of Registered Agent			