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COVER LETTER

TO: Registration Section Division of Corporations				
132 136 NE 40ND LLC				
SUBJECT: 132-136 NE 42ND LLC Name of Li	imited Liability Company			
Dear Sir or Madam:	,			
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Coral Assets LLC, Manager				
Name of Person				
132-136 NE 42ND LLC				
Firm/Company				
1121 Military Cutoff Road, Suite C	. #382			
Address	, #307			
Wilmington, NC 28405				
City/State and Zip Code				
hm@coralassets.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please	call:			
Haresh N. Melwani	254 600 2076			
Name of Person) 609-2975 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:				
Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amoun	t:			
SS S25 Filing Fee	☐ \$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

Same of the limited liability company		-	ND LL				
Principal office address of limited I (Note: MUST BE STREET		(l		Mailitary Cutoff Ro Mailing address of limite (Note: MAY BE POS	d liability c		
Suite C, #387			Suite (C, #387			
Wilmington, NC 28405			Wilming	gton, NC 28405			
02/05/2019			L1900	0036671			
Date of filing/registration	in Florida	4.		Document number			
Corporation Service Comp	oany						
Registered Agent and Registered Office sho	own on the records of the	Florid	a Dept, of Sta	te:			
1201 Hays Street					 	202	
Registered Office Address (MUST BE) Tallahassee	FLORIDA STREET AD			_	RETARY	2022 JAN 10 1	
Registered Agents In				_	SEE.	AM 7:41	
Enter name of NEW Registered Agent and	d/or NEW Registered Of	ffice ac	dress:	_		=	
7901 4th St N							
NEW Registered Office Address				_			
CTE 200			_	_			
STE 300							

the articles of organization or the operating agreement of the limited liability company.

Haresh N. Melwani, AR

Signature of a member or authorized representative of a member

Bill Havre

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. notified in writing of this change.
But here Bi

Assistant Secretary

Signature of Registered Agent