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TALLAHASSEE, FLORIDAR

O SIMMONS JUN 04 2019 RECEIVE:

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	2414 Florida Avenue LLC				
502,501	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
Francis X	(. J. Lynch, Esq.				
	Name of Person				
Breton, L	ynch, Eubanks & Suarez-Muria	ıs, P.A.			
	Firm/Company				
605 N. O	live Avenue, 2nd Floor				
	Address				
West Pali	m Beach, FL 33401				
-	City/State and Zip Code				
flynch@b	lesmlaw.com				
E-mai	l address: (to be used for future annu	al report notif	leation)		
For further	information concerning this matter, p	lease call:			
Francis X	. J. Lynch	561	721-4004		
	Name of Person	_ \	Area Code & Daytime Telephone Number		
Reg Div Clit 266	REET/COURIER ADDRESS: gistration Section ision of Corporations from Building 1 Executive Center Circle lahassee, Florida 32301	Re Di P.(MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enc	closed is a check for the following a	mount:			
2 1 \$	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy		
INHS18 (2/1-	4)				

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. N	ame of the limited liability company: 2414 Florida A	venue	LLC
2. (a)	501 Palm Street, Suite C5	(b)	501 Palm Street, Suite C5
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (=)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33401	_	West Palm Beach, FL 33401
		_	
	May 13, 2019	<u> </u>	.19000129443
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of th	e Florida l	Dept. of State:
	501 Palm Street, Suite C5		
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRESS)</u>	-3 7.0
	West Palm Beach, FL_3	33401	-3 E
(b)	Terri Melton, CPA		0 5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office addi	ess:
	Ellrich, Neal, Smith & Stohlman, P.A.		
	NEW Registered Office Address:		
	11025 RCA Center Drive, Suite 401		
	Palm Beach Gardens . Ft. 3	3410	
the cha agent was/we the arti	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	ne registo ility con the limit	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	ure of a member or authorized representative of a member	Edm	und Hunter Beebe
			Printed or typed name of signee
the obli to mere notified	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided it reflect a change in the registered office address, I he is in writing of this change.	erformat for in Ch reby con	n this capacity. I further agree to comply with the see of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	e of Registered Agent		