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TO:

	stration Section ion of Corporations				
SUBJECT:	2420 Florida Avenue LLC				
	Name of Limited Liability Company				
Dear Sir or M	adam:				
The enclosed	Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the	e following:		
Francis X.	J. Lynch, Esq.				
	Name of Person	-	<u></u>		
Breton, Lyn	ich, Eubanks & Suarez-Muri	as, P.A.			
	Firm/Company				
605 N. Oliv	e Avenue, 2nd Floor				
	Address				
West Palm	Beach, FL 33401				
	City/State and Zip Code	· · · · · ·			
flynch@ble:	smlaw.com				
E-mail a	ddress: (to be used for future annu	ual report noti	fication)		
For further inf	ormation concerning this matter.	please call:			
Francis X. J	. Lynch	561	721-4004		
	Name of Person		Area Code & Daytime Telephone Number		
Regist Divisio Cliftor 2661 1	ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314			
Enclos	sed is a check for the following :	amount:			
☑ \$25	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 Florida.

I. Na	ame of the limited liability company: 2420 Flo	orida Avenue LLC	
2. (a)	501 Palm Street, Suite C5	(b) 501 Pa	alm Street, Suite C5
` '	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33401	West P	Palm Beach, FL 33401
	May 13, 2019	L190001	129452
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	William Earl		
. ,	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of Sta	ite:
	501 Palm Street, Suite C5		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	_
	West Palm Beach	. FL 33401	— <u>்</u> த
		I'L	
(b)	Terri Melton, CPA		
	Enter name of NEW Registered Agent and/or NEW Reg	eistered Office address:	- - -
	Ellrich, Neal, Smith & Stohlman, P.A.		8 5
	NEW Registered Office Address:		- S
	11025 RCA Center Drive, Suite 401		_
	Palm Beach Gardens	FL_33410	_
the cha agent w was/we	imited liability company is not organized under nge or changes are made, the Florida street addrivill be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the memorial of organization or the operating agreement	ress of the registered offic lited liability company, it obers of the limited liabili of the limited liability co	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
(3)	a un	Edmund Hu	· · · · · · · · · · · · · · · · · · ·
	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to mere	ov accept the appointment as registered agent as ons of all statutes relative to the proper and con igations of my position as registered agent as provident of the change in the registered office address of this change.	nnlete performance of my	duties and I am familiar with and accom
Signatur	re of Registered Agent	_	