## L1900) 162 285

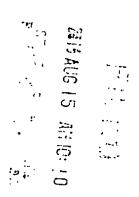
(Req	uestor's Name)				
(Add	ress)				
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(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to F	iling Officer:				

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## COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•
SUBJ	850 BRUCE STREET ASSO	RUCE STREET ASSOCIATES LLC  Name of Limited Liability Company  red Agent/Registered Office Change and fee(s) are submitted for filing.  espondence concerning this matter to the following:  Name of Person  Firm/Company  Address  33141  City/State and Zip Code  (to be used for future annual report notification)  on concerning this matter, please call:  at (786 6212073 at (786 Code & Daytime Telephone Number Duriter Address:  Section Registration Section Division of Corporations ing P.O. Box 6327 Tallahassee, Florida 32314	
5017		ne of Limited Lia	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	ollowing:
Danie	el Veitia		
	Name of Person		_
Urba	n Resource		
	Firm/Company	•	_
РО В	Sox 415700		
<del></del>	Address		_
Miam	ni Beach FL 33141		
	City/State and Zip Code		_
	E-mail address: (to be used for future am	ual report notific	<del></del> ation)
For fu	rther information concerning this matter	, please call:	
Jessi	ca Saldarriaga		6212073
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	istration Section sion of Corporations Box 6327
	Enclosed is a check for the following	g 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 compan submits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

l. Na	me of the limited liability company: 850 Bruce	Street As:	sociates	LLC				
2. (a)	5089 Tortola CT	(b	5089	Tortola CT				
(	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					
	Naples FL 34113		Naples	s FL 34113		<del></del>		
	06/19/2019		 L19000	162285				
	Date of filing/registration in Florida	4.		Document nu	mber		·	
(a)	Katzef, Mark C							
	Registered Agent and Registered Office shown on the records  17501 Biscayne Blvd Ste 420  Registered Office Address (MUST BE FLORIDA STREET)			itate:				
	Aventura	FL_33160						
(b)	Urban Resource, INC.				<del>-</del> :.	10.16		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ad	dress:	<del></del>		ALIG	•	
	1193 71st Street					<u></u>		
	NEW Registered Office Address;				•	高 表	÷ .	
			· - · · ·	_	1 1	: 10		
	Miami Beach	FL 33141						
the cha agent v was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of the member of the member of the member of the operating agreement of the member of the member of the operating agreement of the member	laws of the s of the regis d liability ed rs of the lin	State of stered off ompany, inited liabi	Florida, it is here fice and the busing it is hereby confi- lity company or	ness office rmed that	of the the cha	registe nge(s)	

Clon Alon Cohen Cohen

Signature of a member or authorized representative of a member

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 to 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.

Signature of Regis