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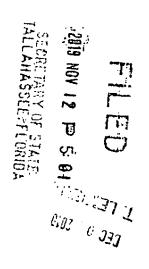
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## COVER LETTER

_	istration Section ision of Corporations	,				
SUBJECT:	Aurora 7 LLC					
SCOULCT.	Name of Limited Liability Company					
Dear Sir or I	Madam;					
The enclose	d Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the	following:			
Tiffany Tro	ojanowski					
	Name of Person		<u> </u>			
United Re	alty Group					
	Firm/Company	· - · · · · · · · · · · · · · · · · · ·	<del></del>			
3601 W H	illsboro Blvd Apt G204					
	Address	<del> </del>	<del></del>			
Coconut C	Creek, FL 33073					
	City/State and Zip Code		<del>_</del>			
Tiffanytro	@gmail.com					
E-mail	address: (to be used for tuture ann	iual report noti	fication)			
For further i	information concerning this matter	please call:				
Tiffany Tro	ojanowski	954 at (	707-9849			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div Clif 266	REET/COURIER ADDRESS: pistration Section ision of Corporations ton Building 1 Executive Center Circle lahassee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enc	closed is a check for the following	g amount:				
<b>2</b> S	25 Filing Fee	<u> </u>	555 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.

. N	ame of the limited liability company: Tiffany Tro	ojanowski LLC	
!. (a)		(b)	
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3601 W Hillsboro Blvd Apt G204		
	Coconut Creek, FL 33073		
	October 1st, 2019	L190	000246587
	Date of tiling/registration in Florida	4.	Document number
. (a)	Tiffany Trojanowski		
	Registered Agent and Registered Office shown on the record	ts of the Florida Dept.	of State:
			<del></del>
	Registered Office Address (MUST BE FLORIDA STRE 3601 W Hillsboro Blvd Apt G204	EET ADDRESS)	
		· · · · · · · · · · · · · · · · · · ·	TAL SE
(b)	3601 W Hillsboro Blvd Apt G204	, FL 33073	VON BIOZZ
(b)	3601 W Hillsboro Blvd Apt G204  Coconut Creek	, <sub>FL</sub> 33073	SECRETARY TALLAHASSE
(b)	3601 W Hillsboro Blvd Apt G204  Coconut Creek  Tiffany Trojanowski	, <sub>FL</sub> 33073	SPERFJARY OF ST
(b)	3601 W Hillsboro Blvd Apt G204  Coconut Creek  Tiffany Trojanowski  Enter name of NEW Registered Agent and/or NEW Registered Agent	, <sub>FL</sub> 33073	FILED  ZOUNDY 12 P S 84  SECRETARY OF STATE TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Tiffany Trojanowski	
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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 mergly 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 Registered Agent