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## COVER LETTER

Division of Corporations	
SUBJECT: 135 Via Condado Name of Limite	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Steven Schrag Name of Person	seL
135 Via Condado Way L	LC
295 Grande Way, Uni	<u>+ 1503</u>
Naples FL 34110  City/State and Zip Code	- <b>-</b> -
Steven.  I:-mail address: (to be used for future annual report)	Schragel@gmail.com
For further information concerning this matter, please call	1:
Steven Schrage at (3)	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
	S55 Filing Fee & Certified Copy

1NHS18 (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.

1. Name of the limited liability company: 135 V1  2. (a) 295 Grande Way, Uni+1503  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Naples FL 34110	(b)	
3-8-72  Date of filing/registration in Florida  J. Perez Legal PA (	resigned)	200011 8352 Document number
Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET 9710 Stirling Rd, Su Cooper City, F  (b) Steven Schragel Enter name of NEW Registered Agent and/or NEW Registered	ADDRESSI ite 104-109 L_33024	5 2000 CT
295 Grande Way  NEW Registered Office Address:  Unit 1503  Naples	:L_34110	-
If the limited liability company is not organized under the lechange or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member	liability company, it is s of the limited liability ne limited liability com	s hereby confirmed that the change(s) y company or as otherwise provided in

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent

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