

Apr 16 2015 12:35 Trid 7702201943

page 1

L9900006058

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000093714 3)))



H150000937143ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jbaden@triadpros.comLLC REGISTERED AGENT CHANGE
616 COLLINS ASSOCIATES, LLC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

15 APR 16 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

15 APR 16 AM 11:16

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

JC 4/17

Apr 16 2015 12:35 Trld 7702201943

page 2

(((H15000093714 3)))

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: 616 COLLINS ASSOCIATES, L.L.C.

2. (a) C/O ASHKENAZY ACQ CORP

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

150 E 58th Street, Penthouse

NEW YORK, NY 10155

10/24/2006

3. Date of filing/registration in Florida

(b)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

150 E 58th Street, Penthouse

NEW YORK, NY 10155

L99000006058

4.

Document number

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ZARETSKY, LOUIS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

555 NORTH EAST 15TH STREET, SUITE 100

MIAMI

FL 33132

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation

FL 33324

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.

/s/Yehuda Sheinfeld

Yehuda Sheinfeld

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 Registered Agent

KRahm, Asst Secretary to NRAI

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

(((H15000093714 3))) FILING FEE: \$25.00

FNHS18 (2/14)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR 16 AM 11:16