## 110900002984

(Pa	auactor's Nama'				
(Requestor's Name)					
(Ad	(Address)				
(Address)					
(City/State/Zip/Phone #)					
	_	_			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
<del></del>					
Special Instructions to Filing Officer:					
		1			
		1			
! <del></del>					

Office Use Only



200256603152

200256503152 02/14/14--01026--015 \*\*25.00

2014 FEB 14 AM II: 08
SECRETARY OF STATE
SECRETARY OF STATE

FEB 1 7 2013 **T. HAMPTON** 



CSC\*- WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper acasper5@cscinfo.com

Date: February 12, 2014

Order#: 964083-026

Re: 17093 BISCAYNE BOULEVARD - NORTH MIAMI LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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 l	imited liability company: 1	17093 BISCAYN	E BOULEVARD - NORTH I	MIAMI LLC	
2. (a) Principal ( <i>Note: 1</i>	office address of limited lia MUST BE STREET ADDR	bility company ( <i>ESS</i> )	C/O MARINA PALMS LLC 17201 Biscayne Boulevard NORTH MIAMI BEACH	FL 33160	
(b) Mailing a	ddress of limited liability co	ompany: BOX)	NORTH WIIAWII BEACH	FL 33100	
08/03/2009			M09000002984		
3. Date of filing	registration in Florida	_	4. Document number		
5. (a) Registere	ed Agent and Registered Off	fice shown on t	he records of the Florida	Dept. of State:	
Registere	d Agent:		C T CORPORATION SYSTEM		
Registered Office Address:		1200 SOUTH PINE ISLAND ROAD			
-			PLANTATION	FL 33324	
NEW Registered Agent:  NEW Registered Office Address:			1201 Hays Street		
(b) Enter nan	ne of <u>NEW Registered Age</u>	ent and/or <u>NEV</u>	V Registered Office add	ress:	
<u>MEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS		ODRESS)	Tallahassee	.FL 32301	
confirmed that a and the business liability company the members of the operation of the ope	e of signee	re made, the Fl nt will be identi t the change(s) y or as otherwis ity company.	orida street address of the cal. Or, in the case of a least was/were authorized by a provided in the articles	Afficiated office dender lenda firmative vote of office dender lenda f	
I hereby accept comply with the and I am familia Chapter 605, F.S. address, Thereby By:	the appointment as register provisions of all statules relevant the obligation of the confirm that the limited liable of Apple Compration Serviced	alive to the pro itions of my po. ing filed to men ibility company	gree to act in this capacit oper and complete perfori sition as registered agent rely reflect a change in th has been notified in writ	mance of my duties, as provided for in the registered office ing of this change.	