

M10000003386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

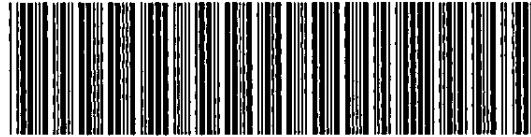
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2012 JUL 13 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: July 09, 2012

AE: Sharon Cooke

TO: Florida Department of State

H1080

REFERENCE: 673735

P.O. Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

1701 COLLINS (MIAMI) MANAGER, LLC

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS:

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	408704	Florida Department of State	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Sharon Cooke TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)
533-7272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1701 COLLINS (MIAMI) MANAGER, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for

Please return all correspondence concerning this matter to the following:

SHARON COOKE

Name of Person

PARACORP INCORPORATED

Firm/Company

PO BOX 160568

Address

SACRAMENTO, CA 95816

City/State and Zip Code

ANNUALREPORTS@MYPARACORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON COOKE

Name of Person

at (888)

886-7166

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: 1701 COLLINS (MIAMI) MANAGER, LLC

2. (a) Principal office address of limited liability company: 6922 HOLLYWOOD BLVD #900

(Note: **MUST BE STREET ADDRESS**)

LOS ANGELES, CA 90028

(b) Mailing address of limited liability company: 6922 HOLLYWOOD BLVD #900

(Note: **MAY BE POST OFFICE BOX**)

LOS ANGELES, CA 90028

7/30/2010

M10000003386

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

PARACORP INCORPORATED

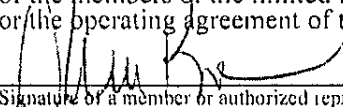
NEW Registered Office Address:

236 EAST 6TH AVENUE

(**MUST BE FLORIDA STREET ADDRESS**)

TALLAHASSEE, FL 32303

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.


Signature of a member or authorized representative of a member

Ellen Rose, Authorized Party

Printed or typed name of signer

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 608, 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.

*SEE ATTACHED

Signature of Registered Agent

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

FILING FEE: \$25.00

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

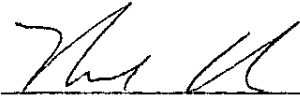
DATE: 7/9/2012

ENTITY NAME: 1701 COLLINS (MIAMI) MANAGER, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Ninh Ho, Assistant Secretary
Paracorp Incorporated

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TALLAHASSEE, FLORIDA