## M10000003971

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(Address)							
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PICK-UP WAIT MAIL							
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2011 APR 13 PN 3-06
SECRETARY OF STATE

K. SALY APR 1 4 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE	Ansonia Apartments Holding	Ansonia Apartments Holdings LLC						
50252	Name of Limited Liability Company							
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	s matter to the following:						
Ashle	e Vega							
	Name of Person	<del></del>						
Beach	nwold Residential, LLC							
	Firm/Company	<del></del>						
192 L	exington Avenue, Suite 901							
	Address							
New `	York, NY 10016							
	City/State and Zip Code							
avega	a@beachwold.com							
Е	-mail address: (to be used for future ann	ual report notification)						
For fur	ther information concerning this matter,	please call:						
Ashle	e Vega	646 354-2114						
	Name of Person	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	closed is a check for the following amount:						
	<b>2</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						
INHS18	8 (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.	Na	me of the limited liability company:  Ansonia Apart	tment	s	Holdings	LLC
						failing address of limited liability company:
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		M	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		192 Lexington Avenue, Suite 901			192 Lexi	ngton Avenue, Suite 901
		New York, NY 10016	_	-	New Yor	k, NY 10016
		September 8, 2010		٨	/1000000	03971
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of the	he Florid	ia E	Dept. of State:	:
		The Kammerman Law Group, P.A.				
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		790 E. Broward Blvd., Suite 201				
		Ft. Lauderdale , FL	33301	1		,
		,				FILI 2011 APR 13 SECRETASS
	(b)	Enter name of NEW Registered Agent and/or NEW Registered				SE TO
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddr</u>	<u>ress</u> :	APR 13 P
						SEA OF THE
		NEW Registered Office Address:				
		<del></del>				STATE STATE
		123 NW 13th Street, Suite 312				들까 요
		Boca Raton , FL	33432	2		. •
the ag	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of th the reg ibility of f the lin	e S giste con mit	State of Flo ered office npany, it is ted liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
		M3/A	Gi	ide	on Z. Fri	edman
-	Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
pr th to	ovisi e obl mex	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have	perfori d for in hereby	ct i mai l Ci coi	in this capa nce of my a hapter 605 nfirm that i	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Ву	$r \setminus$	Min writing of this thange the professional asso	ciation			
		H. Hammerman, President  Division of Corporations P.O. F	30x 633	274	Tallahae	see. FL 32314

FILING FEE: \$25.00