M10 00000 4661

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	es of Status				
Special Instructions to Filing Officer:						





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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tecora Bell tecora.bell@cscglobal.com

Date: June 21, 2016

Order#: 177108-066

Re: KARLIN SHERMAN, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

25.00 Check in the amount of \$25.00.

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: Tecora Bell

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 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: KARLIN SHERM	MAN, LLO	<u> </u>	
2. (a)	11755 Wilshire Boulevard, Suite 1400	(b))	
`	, -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Los Angeles, CA 90025	-		
		10/21/2010		M100000	
3.		Date of filing/registration in Florida	4.		Document number
5. ((a)	C T CORPORATION SYSTEM			
		Registered Agent and Registered Office shown on the records of t	the Florida	Dept. of State	:
		1200 SOUTH PINE ISLAND ROAD			The same same
		Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		ZOIS JUN 2
		PLANTATION , FL	33324		THE PARY OF STATE AND STAT
(I	b)	Corporation Service Company			LOFA
,	-	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	25 P
		1201 Hays Street NEW Registered Office Address:			
		Tallahassee , FL	32301		
the c agen was/	har t w we	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia cauthorized by an affirmative vote of the members of less of organization or the operating agreement of the	the regist ability con f the limi limited li	tered office mpany, it is ted liability ability com	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sig	nati	pe of a member or authorized representative of a member	Jill C	ilmi, Author	ized Person Printed or typed name of signee
I he prov the o to m notif	reb isio bli ere ied	where the appointment as registered agent and agree of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete parties of this change of the company of Registered Agent Corporation Service Company	performa I for in C sereby co	nce of my a hapter 605, nfirm that t	with I further garee to comply with the

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