M10000005351

(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Dx	ocument Number)				
Certified Copies	_ Certificates	s of Status			
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AND ANALYSIS FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Ganot Capital LLC			
	Nam	e of Limited Liab	oility Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Offi	ice Change and fo	ee(s) are submitted for filing.	
Please	return all correspondence concerning the	is matter to the fo	llowing:	
Nikita	a Basdeo			
	Name of Person		-	
Gano	ot Capital LLC			
	Firm/Company		_	
4601	Sheridan Street, Suite 600			
-	Address		_	
Holly	wood, FL 33021			ZIII OCT
	City/State and Zip Code		-	金
nikita	ıb@ganotcapital.com			
F	E-mail address: (to be used for future ann	ual report notifica	ation)	me PH
For fu	rther information concerning this matter.	please call:		200
Nikita	a Basdeo	954 at (985-2400	
	Name of Person		Area Code & Daytime Telephor	ne 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	

INHS18 (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:	al LLC			
2. (a)	4601 Sheridan Street, Suite 600	(b) 4601 S	(b) 4601 Sheridan Street, Suite 600		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Hollywood, FL 33021	Hollywo	od, FL 33021		
	11/30/2010	M100000	005251		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CT Corporation				
o. (a)	Registered Agent and Registered Office shown on the records o	of the Florida Dept, of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET) 1200 South Pine Island Blvd	(ADDRESS)	. ~		
			2010 OCT SECCHE		
	Plantation . F	L_33324	OCT -		
(b)	Etan Mark		755 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
` '	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:			
	Mark Migdal & Hayden	_	1: 2 3		
	NEW Registered Office Address:		- ~·		
	80 SW 8th Street, Suite 1999		_		
	Miami , F	_L 33130	_		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members icles of organization or the operating agreement of the many of the standard of the s	of the registered offic liability company, it i of the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.		
Signa	ture of a member or authorized representative of a member	Traivey E. En	Printed or typed name of signee		
I here provisi the obl to mero notified	by accept the appointment as registered agent and agents of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address, which writing of this change.	e performance of my	pacity. I further agree to comply with the		
Signatu	re of Régistered Agent				