M12000006518

(Re	questor's Name)				
(Address)					
(Address)					
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	ty/State/Zip/Phone	. #N			
(Cit	.y/State/Zip/Pfloffe	:#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
(55	carrient (value)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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10/26/20--01035--019 **25.00

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COVER LETTER

Division of Corporations									
1000 Biscayne Tower, LLC SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.								
Please return all correspondence concerning this matt	ter to the following:								
Cecile Welsby									
Name of Person									
1000 Biscayne Tower, LLC									
Firm/Company									
425 North Federal Highway									
Address									
Hallandale Beach, FL 33009									
City/State and Zip Code									
cecile.welsby@lchusa.com									
E-mail address: (to be used for future annual re	port notification)								
For further information concerning this matter, please	e call:								
Cecile Welsby	754 802-7914								
Name of Person	Area Code & Daytime Telephone Number								
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
Enclosed is a check for the following amou	unt:								
■ \$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: 1000 Biscayne T	ower, LL	C				
2. (a)		(b)				
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	425 North Federal Highway		425 North Fe	ederal Highwa	ay		
	Hallandale Beach, FL 33009		Hallandale B	seach, FL 330	09		
	11/21/2012	•	M1200000651	8			
3.	Date of filing/registration in Florida	4.		ocument nu	ımber		
5. (a)	Harris Friedman						
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	a Dept. of State:		Į.	3	
	1000 Biscayne Tower, LLC					7.30 0.5% T.30 0.5%	erger;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>				i, j
	425 North Federal Highway					y S	1
	Hallandale Beach, F	L_33009				₽ X	
(b)	Louis Birdman Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:		٠	မှ ခ	
	1000 Biscayne Tower, LLC						
	NEW Registered Office Address:						
	425 North Federal Highway						
	Hallandale Beach . F	L_33009					
change agent w was/we the arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization of the operating agreement of the ture of a member or authorized representative of a member	e register iability co of the lir e limited	red office and ompany, it is b nited liability liability comp nis Birdman	the business tereby confit company or	office of the rmed that the as otherwise	e regi le cha e pro	istered inge(s)
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change.	ree to ac e performed for in hereby c	t in this capac rance of my du Chapter 605, a onfirm that th	ity. I further ties, and I a F.S. Or, if the e limited lian	r agree to co m familiar v his documen bility compa	omply with a it is b iny ha	with the and accept eing filed as been

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

Signature of Registered Agen