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(Requestor's Name)					
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(Cil	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
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SECRETARY OF STATE

4141695

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FIRST AVE 945 REALTY LL	_C			
Nam	e of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the	e following:		
SABAH SHEMEL				
Name of Person		········		
FIRST AVE 945 REALTY LLC				
Firm/Company			s	
38 EAST 32ND STREET		<u></u>	ALL/ SECR	
Address			AFFA AFFA	
NEW YORK NY 10016			G II I	
City/State and Zip Code			PN 2: PN 2: FLOR	
MSHEMEL@THINKHOTELGRP.COM			ATE ATE JRIDA	
E-mail address: (to be used for future ann	ual report not	ification)		
For further information concerning this matter,	please call:			
MARK SHEMEL	516	5269620		
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	R C P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, 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	nme of the limited liability company: FIRST AVE 9	45 REALT	YLLC		
	Principal office address of limited liability company:				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address (Note: MAY)	of limited liability company: BE POST OFFICE BOX)	
	38 E 32nd St, Room 603		38 E 32	2d St, Room 603	
	New York, NY 10016			NY 10016	
	3-21-16		M 1300	00003454	
3.	Date of filing/registration in Florida	4.	Document n	umber	
5. (a)	Sabah Shemel				
J. (<u>-</u>)	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot. of State:		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			
	220 21st Street, Apt	206			
	220 21st Street, Apt . Miami Beach , FI	<u>. 33/3</u>	39		
	MARK SHEMEL			SEC SEC	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres		ARIA FI	
			-	ARY O	
	NEW Registered Office Address:				
	309 23RD STREET SUITE 320		OR Z		
				四部 26	
	MIAMI , FL	33139			
the cha agent v	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	f the register ability comp of the limited limited liab	ed office and the busi any, it is hereby conf d liability company or	iness office of the registered firmed that the change(s)	
Signa	ture of a member or authorized representative of a member		Printed or type	ed name of signee	
provisi the obj to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in performanc d for in Cha hereby confi	this capacity. I furth e of my duties, and I pter 605, F.S. Or, if rm that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
Signatu	re of Registered Agent				