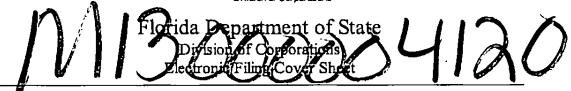
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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Email Address: DOUMENTS @ INCORD. COM

LLC REGISTERED AGENT CHANGE HORSEBLOCK ROAD ASSOCIATES LLC

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TO:

Registration Section Division of Corporations

COVER LETTER

SUBJECT:	block Road Associates LLC	····	
Name	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Jackie DeFilippis			
Name of Person			
InCorp Services, Inc.			
Firm/Company			
3773 Howard Hughes Pkwy. · Sulte	9 500\$	<u> </u>	
Address		2017 AUG SECILLIA ALLAHA	
Las Vegas, NV 89169-6014		AHAS AIG	1 I
City/State and Zip Code		23 SSEE SSEE	
Documents@incorp.com			(
E-mail address: (to be used for future annu	al report notification)	2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2	
For further information concerning this matter, p	please call:	₩ 2000 2000 2000 2000 2000 2000 2000 20	
Jackie DeFilippis	at (800) 246-2677 Ext. 6915		
Name of Person	Area Code & Daytime Telepho	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 632 Tallahassee, Florida 32314		
Enclosed is a check for the following a	amount:		
2 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

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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.

(a)			(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ν ₁	Multing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2637 E. Atlantic Blvd, PMB #141		2637 E	. Atlantic Blvd, PMB #141
	Pompano Beach, FL 33062		Pompa	no Beach, FL 33062
	06/27/2013		M13000	004120
	Date of filing/registration in Florida	4.		Document number
(a)	CONE MANAGEMENT, INC.			
()	Registered Agent and Registered Office shown on the records	of the Flo	rida Dept. of St	lale:
	2637 E. Atlantic Blvd. · Pmb #141			
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)	_
				2817 3614 74111
	Pompano Beach	FL	33062	>>:∞
	· · · · · · · · · · · · · · · · · · ·	L		` > ್ ಹ್
b)	inCorp Services, Inc.			m.∹ ₩ '
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	
	17888 67th Court North			
	NEW Registered Office Address:			
	Loxahalchee, FL 33470			,+ O1
				_
	Loxahalchee	FL	33470	
	,			
. 1	imited liability company is not accomized under the	laure of	the State of I	
cha ent v is/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement of the	of the n liability s of the he limite	egistered offi company, it limited liabi ed liability co	ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
cha ent v s/w art	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement of the control of the	of the n liability s of the he limite	egistered offi / company, it limited liabi	ice and the business office of the registers t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
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ent visioner	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement of the authorized representative of a member by accept the appointment as registered agent and a light of all statutes relative to the proper and conficients of my position as registered agent as provingly reflect a clumge in the registered office address, din spriting of visicilyinge.	of the maintain sof the he limite for the hereby ded for the reby	egistered officer company, it is company, it is is it is it is it is contact the contact in this contact in this contact in Chapter 6 y confirm the	ice and the business office of the register t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Printed or typed name of signee Printed or typed name of signee apacity. I further agree to comply with the light of the limited liability company has been
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