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## COVER LETTER

FO: Registration Section Division of Corporations	
2680 NW 15th LLC SUBJECT:	
Name of Limite	d Liability Company
Dear Sir or Madam:	·
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Carla J. Vinetti	
Name of Person	
Colby Attorneys Service Co., Inc.	
Firm/Company	
111 Washington Avenue, Suite 703	
Address	
Albany, New York 12210	
City/State and Zip Code	
festein@optonline.net	<del></del>
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	II:
Carla i Vinetti	
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 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. N	ame of the limited liability company: 2680 NW 15TH	LLC				
	FREDRIC STEIN		(b)	FREDRIC	CK STEIN	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<del></del>	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	124 BRADLEY AVENUE			124 BRAD	DLEY AVENUE	
	WHITE PLAINS, NY 10607			WHITE PI	LAINS, NY 10607	
	02/28/14		ì	M14000001	1416	
3.	Date of filing/registration in Florida	4.	_	<u>-</u>	Document number	
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of STEIN, FREDRIC	f the Flor	rida	Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS		· · · · · · · · · · · · · · · · · · ·	41
	801 US HIGHWAY I				2928 DEC	•
	NORTH PALM BEACH, F	33408 L	3		i i	
					<b>3</b>	: !
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ndd	leaser	- 	
	Enter name of NEW Registered Agent and/of ARW Registere	<u>u Onice</u>	ayy	1 635.		
	CORPORATE CREATIONS NETWORK INC.					
	NEW Registered Office Address:				_	
	801 US Highway 1				_	
	N 11 B 1 B 1					
	North Palm Beach F	L <u>33</u>	<u> 34(</u>	<u> </u>	_	
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members licles of organization or the operating agreement of the arrange o	e regist iability of the l e limite	cor limi d li	d office and npany, it is ted liabilit	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.  ETT!	
	ature of a member or authorized representative of a member	_			Printed or typed name of signee	
provis the ob to mex	thy accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I I in writing of this change.	ree to de perfored for it hereby	aci rma n C i co	in this cape nce of my c hapter 605 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being file the limited liability company has been	e pi d
Signan	ure of Registered Agent					
J. 5						