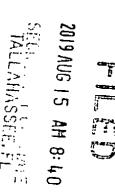
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· /Pa	questor's Name)	
(ке	equestor's Mame)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
<u> </u>		
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 22 2019 C King

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	727 4th Street, LLC			
SUBJ		e of Limited L	iability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Offi	ice Change and	l fee(s) are submitted for filing	
		_	· ·	
Please	return all correspondence concerning thi	s matter to the	following:	
logo	oh B. Dyon III			
Jose	oh B. Ryan III 	_		
	Name of Person			
Jose	ph B. Ryan III, P.A.			
	Firm/Company			
	014/4/0.04			
8925	SW 148 Street, Suite 210			
	Address			
Palm	etto Bay, Florida 33176			
	City/State and Zip Code			
jbrya	nlaw@gmail.com			
<u>l</u>	E-mail address: (to be used for future ann	ual report noti	fication)	
For fu	rther information concerning this matter,	please call:		
Josep	oh B. Ryan III	305	444-4949	
	Name of Person	_ " (Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	М	AILING ADDRESS:	
	Registration Section		Registration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building		P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	1 3	illahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy	
INHS1	8 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

Name of the limit	ed liability company: 727 4th Stre	eet LLC	·
(a) 727 4th Stre	et	727 4th Street	
Principal	office address of limited liability company: te: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Miami Bea	ch, Florida 33139	Miam	ii Beach, Florida 33139
			·
11/01/2016		M1600	000008712
Date	of filing/registration in Florida	4.	Document number
(a) Joseph B. I	Ryan III		
Registered Agen	and Registered Office shown on the records 48th Street	of the Florida Dept. of	State:
Registered Office Suite 210	e Address (MUST BE FLORIDA STREE	T ADDRESS)	
Palmetto E	ay ,	33176	201
(b) Eric Kamhi			2019 AUG 15
· · — — — ·	EW Registered Agent and/or NEW Register	red Office address:	5 5
322 E Dilid	o Drive		Si A TI
<u>NEW</u> Registere	d Office Address:		0 4 .8
Miami Bea	ch	_{FL} 33139	
e change or change ent will be identica as/were authorizec	company is not organized under the sare made, the Florida street address I. Or, in the case of a Florida limited	laws of the State o of the registered o l liability company s of the limited lia	•
 /	or authorized representative of a member		Printed or typed name of signee

to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent