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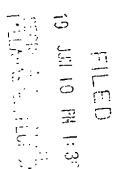
(Requestor's Name)						
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PICK-UP WAIT MAIL	_					
<u></u>	_					
(Business Entity Name)						
(Document Number)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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JUN 2 2 2019 S. YOUNG

## COVER LETTER

-	stration Section sion of Corporations						
SUBJECT:	1902 Thomasville Investors, LL	С					
oom/net	Name of Limited Liability Company						
Dear Sir or M	4adam:						
The enclosed	Registered Agent/Registered Office	Change and f	ec(s) are submitted for filing.				
Please return	all correspondence concerning this m	atter to the fe	ollowing:				
Seth Leich	ter						
	Name of Person		_				
1902 Thon	nasville Investors, LLC						
	Firm/Company		_				
1010 Wisc	onsin Ave, NW Suite 600						
	Address		_				
Washingto	n, DC 20007						
	City/State and Zip Code		_				
sl@jcrcom	panies.com						
E-mail	address: (to be used for future annual	report notific	cation)				
For further information concerning this matter, please call:							
Seth Leich		202 at (	758-3571				
	Name of Person	\ <del>\</del>	Area Code & Daytime Telephone Number				
Regi Divi Cliñ 266	SEET/COURIER ADDRESS: Stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
Enclosed is a check for the following amount:							
<b>☑</b> \$	25 Filing Fee	☐ \$55	5 Filing Fee & Certified Copy				

1NHS18 (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.

l.	Na	me of the limited liability company: 1902 Thomasv	ille Inv	estors, L	LC
2. (a			_ (b		
`		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1010 Wisconsin Ave, NW Suite 600	_	SAME	
		Washington, DC 20007	_		,,,
		11/29/16		M16000	0009541
3.		Date of filing/registration in Florida	4.		Document number
<b>5.</b> (	· 2)	Lowndes Drosdick Doster Kantor & Reed P.A	١.		
J. (	ti j	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	- te:
		Lowndes Drosdick Doster Kantor & Reed P.A	١.		
		Registered Office Address (MUST BE FLORIDA STREET AD	<u>DDRESS</u>	2	
		215 North Eola Drive			
		Orlando <sub>FL</sub> 3	32801		
(1	b)	Bonsai Realty, LLC			_
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	office ad	<u>aress</u> :	
		Bonsai Realty, LLC			
		NEW Registered Office Address:			_
		175 Bradley Place			_
		Palm Beach , FL3	33480		_
the cager was the	cha nt v /we arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reginerally controls the firmited l	stered offic impany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
1 he	$\Lambda$	by accept the appointment as registered agent and gore	e to aci	t in this ca	pacity I further agree to comply with the
prov the a to m	Nsi obl iere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change.	perform for in G ereby c	ance of my Chapter 60 onfirm tha	duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed t the limited liability company has been
Sign	atu	re of Registered Agent			