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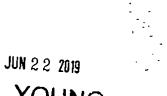
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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06/10/13--01027--008 **25.00



S. YOUNG

COVER LETTER

TO:

то:	Registration Section Division of Corporations						
CHR H	ECT: 601 34th Street Investors, LLC Name of Limited Liability Company						
30001							
Dear S	iir or Madam:						
The en	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the	following:				
Seth	Leichter						
	Name of Person		_				
601 3	4th Street Investors, LLC						
	Firm/Company		_				
1010	Wisconsin Ave, NW Suite 600						
	Address						
Wash	nington, DC 20007						
	City/State and Zip Code						
sl@jc	crcompanies.com						
- <u> </u>	E-mail address: (to be used for future annu	al report notif	ication)				
For fu	rther information concerning this matter, p	olease call;					
Seth	Leichter	202 at (758-3571				
	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	Re _t Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314				
	Enclosed is a check for the following a	nclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy				
INHSI	8 (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.

	me of the limited liability company: 601 34th Stree			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (1))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1010 Wisconsin Ave, NW Suite 600		SAME	
	Washington, DC 20007			
	1/30/17		M1700	0000892
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Lowndes Drosdick Doster Kantor & Reed P.A	٨.		
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			nte:
	Lowndes Drosdick Doster Kantor & Reed P.A	٦.		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 215 North Eola Drive			
	Orlando , FL	32801		
(h)	Bonsai Realty, LLC Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	<u> </u>
	Bonsai Realty, LLC			_
	NEW Registered Office Address:			
	175 Bradley Place			_
	Palm Beach , FL	33480		
the cha agent v was/w the art figure I here provis- the obs	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agrainess of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. If	the registifity economics of the limited limit	stered offi impany, it ited liabil iability ed in Leichte in this ca ance of m Thapter 6	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany. Printed or typed name of signee Apacity. I further agree to comply with the y duties, and I am familiar with and accept to 5, F.S. Or, if this document is being filed

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent