Division of Corporations Electronic Filing Cover Sheet

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10:

Division of Corporations

Fax Musiber : (850:617-6350

Parom:

Account Name : COGENCY GLOBAL, INC.

Account Number : 120000000088 Phone : (800)221-0102 : (800) 944~6607

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE 754 NE 71ST HOLDINGS, INC

Certificate of Status	0
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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.

1.	Name of the limited liability company: 754 NE 71ST HOLDINGS, INC		71ST HOLDINGS, INC	
2. (8	2295 S. HIAWASSEE ROAD	(b)	C/O REINHARDT LLP	
<b></b> - ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
	411		200 Liberty Street, 27th Floor	
	ORLANDO, FL 32835		New York, NY 10281	
	01/28/2016		P16000010309	
3.	Date of filing/registration in Florida	4,	Document number	
5. (	Corporate Creations Network In	nc.		
(-)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:	
	11380 Prosperity Farms Road #2	221E		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESSI</u>		
	Palm Beach Gardens , FL	, 33410	- 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20	
<b>(</b> b)	COGENCY GLOBAL INC.		5 } _	
	Enter name of NEW Registered Agent and/or NEW Registered			
	115 North Calhoun Street, Suite	4		
	NEW Registered Office Address:		© 27	
	Tallahassee , FI,	32301		
the ch agent was/v	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registered of ability company of the limited lia	office and the hisiness office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
to be knowed of		·	Carlo Giovannetti	
Signature of a member or authorized representative of a member			Printed or typed name of signee	
I hero provis the ob to men noutile	by accept the appointment as registered agent and agri- lons of all statutes relative to the proper and complete j ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this performance of I for in Chapter iereby confirm t	capacity. I further agree to comply with the my duties, and I am Jamiliar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	

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

of Registered Agent