L04000 005 068

Office Use Only



500337308675

12/02/19--01008--001 ••550.00

019 DTC-2 AH 10: 38

R. WHITE
JAN 11 2020

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|-----------|--|--|--|--|--|--|
| SUBJE | ONE RIVERVIEW PROMENADE, LLC | | | | | |
| | Name of Limited Liability Company | | | | | |
| Dear Si | r or Madam: | | | | | |
| The enc | closed Registered Agent/Registered Office Cl | nange and fee(s) are submitted for filing. | | | | |
| Please r | return all correspondence concerning this man | ter to the following: | | | | |
| JEFF K | RINSKY | | | | | |
| | Name of Person | | | | | |
| PANTH | IER CAPITAL MANAGEMENT, LLC | | | | | |
| | Firm/Company | | | | | |
| 1172 S. | Dixie Hwy. Ste. 502 | | | | | |
| | Address | | | | | |
| Coral Ga | ables, FL 33146 | | | | | |
| | City/State and Zip Code | | | | | |
| JKrinsky | y@panthercm.com | | | | | |
| E- | mail address: (to be used for future annual re | port notification) | | | | |
| For furtl | her information concerning this matter, pleas | e call: | | | | |
| Ayax Ch | nristopherat | 305 374-1753 | | | | |
| | 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 | | | | |
| I | Enclosed is a check for the following amou | nt: | | | | |
| i | ■ \$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.

| (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) | | | |
| | 1172 S. Dixie Hwy. Ste. 502 Coral Gables, FL 33146 | | 1172 S. | Dixie Hwy. Ste. 502 | Coral Gables, FL | 33146 |
| | 01/20/2004 | | L040000 | 005068 | - | |
| | Date of filing/registration in Florida | 4. | | Document numb | er | |
| (a) | DANIEL SIRLIN | | | | | |
| (4) | Registered Agent and Registered Office shown on the records of | of the Flori | da Dept, of Si | state: | | |
| | Registered Office Address (MUST BE FLORIDA STREE) 333 S MIAMI AVE STE 150 | T ADDRE: | <u>ss)</u> | | | |
| (b) | | | | | 2019 | |
| | Miami, F | L_33130 | | | _136 | |
| | TEER VEINGVA | | | | | |
| /h.\ | JEFF KRINSKY | | | | 1 | • |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | ed Office a | iddress: | _ _ | rΟ | • |
| (b) | | ed Office a | iddress: | | rΟ | رر |
| (b) | | ed Office a | iddress: | _ | | :,) |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | ed Office a | ddress: | | 2 <i>Fil</i> 10: 3 | ij |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 1172 S. Dixie Hwy. Ste. 502 | ed Office a | iddress: | | 2 <i>Fil</i> 10: 3 | ija |
| the lange | Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address: 1172 S. Dixie Hwy. Ste. 502 | TL 33146 aws of the liability of the line e limited | e State of F red office a company, it mited liabil liability co | and the business off t is hereby confirme lity company or as o ompany. | confirmed that a fice of the registe ed that the change | red e(s) |
| the I lange cent v as/w e arti | NEW Registered Office Address: 1172 S. Dixie Hwy. Ste. 502 Coral Gables imited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layer authorized by an affirmative vote of the members icles of organization or the operating agreement of the street and | TL 33146 aws of the liability of the line e limited | e State of Fred office a company, it | and the business off t is hereby confirme lity company or as company. | confirmed that a fice of the registe ed that the change otherwise provide | red e(s) |
| the lange ent vas/was arti- signa here ovisie mer. | NEW Registered Office Address: 1172 S. Dixie Hwy. Ste. 502 Coral Gables imited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members | aws of the registe liability of the limited | e State of Fred office a company, it mited liabil liability co | and the business off t is hereby confirme lity company or as company. CY Printed or typed narrows to the property. I further our | confirmed that a fice of the registe ed that the change otherwise provide | red e(s) ed in |

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

; > °