

L1000026204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

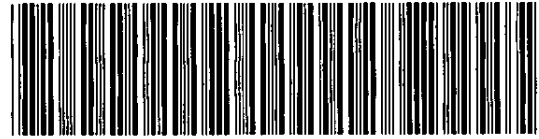
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 278664 4727100

AUTHORIZATION :

COST LIMIT : \$25.00

A handwritten signature in black ink, appearing to read "Lynette", written over the "AUTHORIZATION" and "COST LIMIT" fields.

ORDER DATE : September 2, 2014

ORDER TIME : 11:05 AM

ORDER NO. : 278664-010

CUSTOMER NO: 4727100

CHANGE OF AGENT

NAME: 1613 AMARYLLIS CIRCLE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1613 AMARYLLIS CIRCLE LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathlyn M. Landicho

Name of Person

Offit Kurman, P.A.

Firm/Company

8171 Maple Lawn Blvd., Ste 200

Address

Fulton, MD 20759

City/State and Zip Code

klandicho@offitkurman.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathlyn M. Landicho at (301) 575-0303

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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

FILED

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned, as the registered agent of the company submits the following statement in order to change its registered office and registered agent, both, in the State of Florida.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

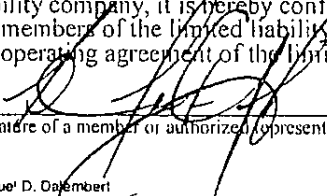
1. Name of the limited liability company: 1613 Amaryllis Circle LLC
2. (a) Principal office address of limited liability company: 899 Northeast 76th Street
(Note: **MUST BE STREET ADDRESS**) Boca Raton, FL 33487
- (b) Mailing address of limited liability company: 899 Northeast 76th Street
(Note: **MAY BE POST OFFICE BOX**) Boca Raton, FL 33487

- March 2, 2011 L1100026204
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Stephen M. Carlisle
- Registered Office Address: 212 Southeast 8th Street
Suite 103
Fort Lauderdale, FL 33316

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW Registered Agent:** Jerry Markowitz, Esq.
- NEW Registered Office Address:** 9130 South Dadeland Boulevard
(**MUST BE FLORIDA STREET ADDRESS**) Suite 1800
Miami, FL 33156

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

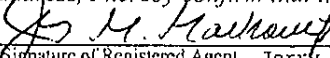


Signature of a member or authorized representative of a member

Samuel D. Dalambert

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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 Jerry Markowitz, Esq.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 11 2011 11:50 AM
FILED