

L1000026204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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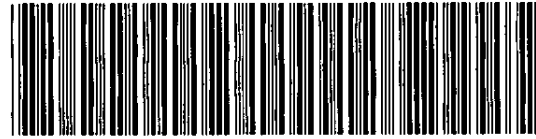
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 278664 4727100

AUTHORIZATION :

COST LIMIT : \$25.00

*[Handwritten signature]*

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

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

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

INHS18 (12/13)

FILED  
MAR 2 2011  
TALLAHASSEE, FLORIDA  
14 FEB 2011 AM 11:50