

L13000 104002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

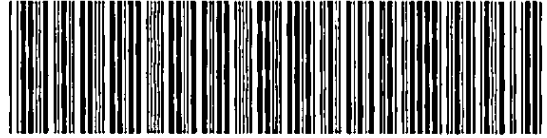
(Business Entity Name)

(Document Number)

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J. LEGGETT
DEC 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1209 Vista, 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:

Robert Ade

Name of Person

1209 Vista, LLC

Firm/Company

6005 Le Lac Road

Address

Boca Raton, FL 33496

City/State and Zip Code

bobade1@bellsouth.net

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

For further information concerning this matter, please call:

Robert Ade 561 213-2555
Name of Person at () 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 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: 1209 Vista, LLC

2. (a) 6005 Le Lac Road Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Boca Raton, FL 33496

(b) 6005 Le Lac Road Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33496

3. 7/23/13 Date of filing/registration in Florida

4. L13000104002 Document number

5. (a) Wells & Wells, P.A. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
540 Biltmore Way
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Coral Gables, FL 33134

(b) Robert Ade
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
6005 Le Lac Road
NEW Registered Office Address:
Boca Raton, FL 33496

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 TALLAHASSEE, FLORIDA

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.

Robert Ade Signature of a member or authorized representative of a member

ROBERT ADE Printed or typed name of signee

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.

Robert Ade Signature of Registered Agent