

L13000 155 068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

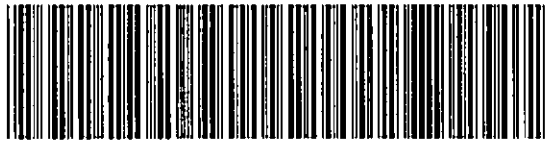
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 11 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 16820 NE 8 Place Holding LLC
Name of Corporation

DOCUMENT NUMBER: L13000155068

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Francis Gore
Name of Contact Person

Firm/Company

200 E Las Olas Blvd #1550
Address

Ft. Lauderdale FL 33301
City/State and Zip Code

pharris@socials.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis Gore at (904) 404 0481
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: 16820 NE 8 Place Holding LLC

2. (a) 200 E Las Olas Blvd #1530 Ft Lauderdale FL 33301(b)
 Principal office address of limited liability company: Ft Lauderdale FL 33301(b)
 (Note: **MUST BE STREET ADDRESS**)
 Mailing address of limited liability company: _____
 (Note: **MAY BE POST OFFICE BOX**)

3. 11/4/2013 Date of filing/registration in Florida
 4. L13000155068 Document number

5. (a) Kleiner Law Group
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

200 E Las Olas Blvd #1530 Ft Lauderdale FL 33301
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
 _____, FL _____

(b) Francis Gore
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
200 E Las Olas Blvd #1530
Ft Lauderdale, FL 33301

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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] Signature of a member or authorized representative of a member
 _____ 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.

 Signature of Registered Agent