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Office Use Only



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MI HARRIS

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 1614 Northwest UC  Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Diana Waterws Centor, no Esq. Name of Person						
Diana Waterns Centorino, P.A. Firm/Company						
1230 SE 4th Auc Address						
Fort Landerdale Fr 33316 City/State and Zip Code						
Staff. Staff@ dianawaterouscentorino. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please of	call:					
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:						
S25 Filing Fee	S55 Filing Fee & Certified Copy					
INHS18 (2/14)						



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 20, 2017

DIANA WATEROUS CENTORINO DIANA WATEROUS CENTORINO, PA 1230 SE 4TH AVENUE FORT LAUDERDALE, FL 33316

SUBJECT: 1614 NORTHWEST, LLC

Ref. Number: L14000082523

We have received your document for 1614 NORTHWEST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00025733

RECEIVED

## 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. No	ame of the limited liability company: 1614 Noci	dwes:	t, LLC.	
2. (a)	(b	)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1614 NW 7th (OUCT	8101	<u>sw av</u>	4 COUP # 30
	Forx Lauderdale, FL 33311			33324
	5/21/14	L14000082523		
3.	Date of filing/reglistration in Florida 4.	D	ocument number	er
5. (a)	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:		67
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS	<u> </u>		<u></u> د .
	220 Albambra Circle, 11th		!	: · · · · · · · · · · · · · · · · · · ·
	(oral Gables FL 3			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office ad	dress:		.t —
	Diana Waterous (entorino) NEW Registered Office Address:	<u>A.P.</u>		
	1230 SE 4th Ave			
	FORT Lauderdale .FL 333	016		
the cha agent was/w	limited liability company is not organized under the laws of the ange or changes are made, the Florida street address of the registivil be identical. Or, in the case of a Florida limited liability corere authorized by an affirmative yote of the members of the limited of organization of the operating agreement of the limited	stered office a ompany, it is h iited liability o	nd the business hereby confirme company or as c	office of the registered d that the change(s) otherwise provided in
Signa	All	Diana L	rinted or typed nar	
I here provis the ob- to nger nopifie	by accept the appointment as registered agent and agree to actions of all statutes relative to the proper and complete perform ligations of my position as registered agent as provided for in cely reflect a change in the registered office address, I hereby can be provided for in a change in the registered office address. I hereby can be provided for in a change of this original and the control of the control	t in this capac ance of my du Chapter 605, I onfirm that th	ity. I further as ties, and I am f F.S. Or, if this c e limited liabili	gree to comply with the amiliar with and accept document is being filed ty company has been
NV	Manufall Duke for the of Registered Agent		1	

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