## L150000003892

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(Address)							
(Address)							
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## **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT: BBX/S Millenia Blyd Holdings, I Name	L <u>LC</u> e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kathy Moro  Name of Person	- 
Frank Weinberg Black, P.L.	
Firm/Company	1
7805 SW 6th Court Address	
Plantation, FL 33324	الا الا
City/State and Zip Code	
Lynda, Watkins@Stiles,com KMoro@fwblaw.net E-mail address: (to be used for future annu For further information concerning this matter, p	
Lynda Watkins	at ( <u>954) 627-9350</u>
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 a	amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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.	Na	ime of the limited liability company: <u>BBX/S N</u>	<u> 1illenia Blyd H</u>	oldings, LLO	<u>C</u>		
2.	(a)_	ATTN: Lynda Watkins	(1	(b) <u>SAME</u>			
	,	Principal office address of limited liability compa			dailing address of limited l	iability company:	
		( <u>Note: MUST BE STREET ADDRESS</u> )			(Note: MAY BE POST	OFFICE BOX)	
		301 E LAS OLAS BLVD	<del></del>				
		FT. LAUDERDALE, FL 33301	<del></del>				
		01/06/2015		L15	5000002892		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	CORPORATION SERVICE COMPANY			- 7		
	` '	Registered Agent and Registered Office shown on the rec 1201 HAYS STREET	cords of the Florid	a Dept. of State	ن المنظم الم المنظم المنظم المنظ		
		Registered Office Address (MUST BE FLORIDA ST	REET ADDRES.	<u>S)</u>	- _ 1	وب. دست	
		TALLALIA COCT	CL 20201		<del></del> -	· :1	
		TALLAHASSEE	, FL <u>32301</u>	<del></del>	Ū	j	
	(h)	FRANK WEINBERG & BLACK P.L.			<u>ښ</u>	-	
	(0)	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office ad	dress:	بر ص		
		7905 SW 6th Count					
		7805 SW 6th Court  NEW Registered Office Address;			-		
		C/O DAVID BLACK, ESQ.			_		
		PLANTATION	FL_ <u>33324</u>				
16	tha l	imited liability company is not organized under	the laws of the	State of Cla	mida it is bombu oonf	immed that after	
th	e cha	inflict flating company is not organized under inge or changes are made, the Florida street add	ress of the regi	stered office	and the business offic	e of the registered	
ag	ent v	vill be identical. Or, in the case of a Florida limiere authorized by an affirmative vote of the men	ited liability co	mpany, it is	hereby confirmed that	the change(s)	
th	as/wo	cles of organization or the operating agreement	of the limited	med nabimy liability com	r company or as omer pany,	wise provided in	
				-			
_	Signa	tire of a member or authorized representative of a member	<u> </u>		Printed or typed name of	signee	
pr th to no	here ovisi e obl mere tiftee	by accept the appointment as registered agent a ons of all statutes relative to the proper and con igations of my position as registered agent as p ely reflect a change in the registered office addr I in writing of this change	nd agree to ac nplete perform rovided for in 6 ess, I hereby c	t in this capa ance of my d Chapter 605, onfirm that to	city. I further agree to luties, and I am famili F.S. Or, if this docun he limited liability con	o comply with the ar with and accept nent is being filed npany has been	
Si	enatu	re of Registered Agent					