

L16000 146008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

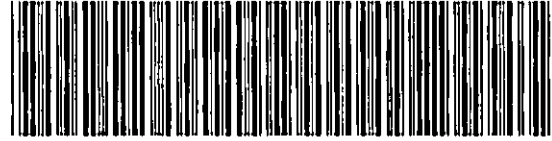
(Business Entity Name)

(Document Number)

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2019 MAR -6 PM 12:26  
FEDERAL BUREAU OF INVESTIGATION  
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602-2-1-029  
C. J. ...

COVER LETTER

TO: Registration Section  
Division of Corporations

2018 MAR -6 PM 12:26  
RECEIVED  
TALLAHASSEE DIVISION

SUBJECT: 232 NW 6TH 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:

TERRA SMITH  
Name of Person

\_\_\_\_\_  
Firm/Company

268 NW 11TH ST.  
Address

BOCA RATON FL 33432  
City/State and Zip Code

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

For further information concerning this matter, please call:

Terra Smith at ( 561 ) 542-3735  
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 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: 232 NW 6TH LLC

2. (a) 268 NW 11TH ST. (b) 268 NW 11TH ST.

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

BOCA RATON, FL 33432

BOCA RATON, FL 33432

3. 8/4/2016  
Date of filing/registration in Florida

4. L16000146008  
Document number

5. (a) MASSIMILIANO DEBIASE  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

333 SE MIZNER BLVD.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33432

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

268 NW 11TH ST.  
NEW Registered Office Address:

BOCA RATON, FL 33432

2019 MAR -6 PM 12:20  
 WILLIAMSBURG, FL 32090  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

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

MASSIMILIANO DEBIASE  
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]  
Signature of Registered Agent