L16000189020

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ry/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

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D. SCOTT MAR 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2017

ERIKA JACKSON 13043 53RD CT N ROYAL PALM BEACH, FL 33411

SUBJECT: 13528 51ST PLACE NORTH, LLC

Ref. Number: L16000189020

We have received your document for 13528 51ST PLACE NORTH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 317A00003864

FILED

17 MR 13 PN 4: 02

SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
SUBJE	13528 51st Place North, LL	.C			
Name of Limited Liability Company					
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing	J.	
Please	return all correspondence concerning th	nis matter to th	e following:		
Erika -	Jackson				
	Name of Person		- 		
				,	
	Firm/Company				
13043	53rd Ct N				
	Address				
Royal	Palm Beach, FL 33411				
	City/State and Zip Code		***************************************		
jackso	onconcrete@yahoo.com				
E-	mail address: (to be used for future ann	nual report not	fication)		
For furt	her information concerning this matter	, please call:		75 1	
Erika .	Jackson	561	389-3186	三	
	Name of Person	*** (Area Code & Daytime Tele	phone Number	
	STREET/COURIER ADDRESS:	N	IAILING ADDRESS:	FIG. 25 - 82	
Registration Section			egistration Section	景绘 表	
		ivision of Corporations	温温の		
•		O. Box 6327 allahassee, Florida 32314			
	Tallahassee, Florida 32301	ı	ananassee, Fiorida 32314		
	Enclosed is a check for the following	g amount:			
	☑ \$25 Filing Fee		555 Filing Fee & Certified Copy	ý	

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. N	ame of the limited liability company: 13528 51st F	Place N	orth, LLC		
2. (a)	13043 53rd Ct N	((b) 13043 53rd Ct N		
<u>-</u> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Royal Palm Beach, FL 33411		Royal F	alm Beach, FL 33411	
	10/12/16		L160001	89020	
 (a) 	Date of filing/registration in Florida Mitchell I Kitroser	4.		Document number	
J. (u,	Registered Agent and Registered Office shown on the records of 631 US Hwy 1	the Florid	a Dept. of Sta	de:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	North Palm Beach , FL	33408			
(b)	Erika Jackson			NO. P D	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ac	ldress:	FILED PH # 02 ECONOTING OF STATE ALLAMASSEE, FLORIDA	
	NEW Registered Office Address:		<u> </u>	_	
	13043 53rd Ct N	 .			
	Royal Palm Beach , FI.	33411	or di Malana		
the chagent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regi ability c of the lin	istered offic ompany, it i nited liabili liability con	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in npany.	
<u>C!</u>	ature of a member or authorized representative of a member	<u></u>		Printed or typed name of signee	
I here provis the ob to mer notifie	eby accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	ree to ac e perforn ed for in hereby c	et in this car	pacity. I further garee to comply with the	