

L1700000 69049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

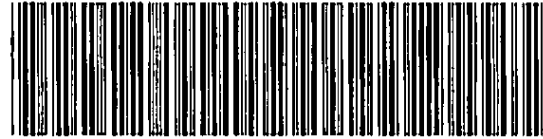
(Business Entity Name)

(Document Number)

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2019 MAR -6 PM 12: 25  
SECRETARY OF STATE  
FALL RIVER, MA 01910

MAR 13 2019  
12:04:12

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 700 NW 6TH LLC  
Name of Limited Liability Company

2019 MAR - 6 PM 12:29  
FILING OFFICE  
TALLAHASSEE, FL 32301

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

Name of Person

at ( 561 ) 542-3735

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: 700 NW 6TH LLC

2. (a) 268 NW 11TH ST. (b) 268 NW 11TH ST.  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
BOCA RATON FL 33432 BOCA RATON, FL 33432

3. 03/27/2017 4. L17000069049  
 Date of filing/registration in Florida 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

2019 MAR -6 PM 12:26  
 STATE FINANCIAL SERVICES  
 TALLAHASSEE, FL 32314

(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

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] MASSIMILIANO DEBIASE  
 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]  
 Signature of Registered Agent