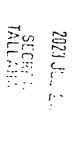
## <u>L2300059404</u>

	(Requestor's Name)					
	(Address)					
	(Address)					
	(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
	(Business Entity Name)					
····· - · · · · · · · · · · · · · · · ·	(Document Number)					
	(Bocament Hamber)					
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
J. HORNE						
J. HORNE JUL 2 <u>6</u> 2023						

Office Use Only



500412513515



8



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 893932 7998853

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: July 24, 2023

ORDER TIME : 8:30 AM

ORDER NO. : 893932-005

CUSTOMER NO: 7998853

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## CHANGE OF AGENT

NAME: 1500 DIPLOMAT PKWY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

## **COVER LETTER**

Division of Corporations	
1500 Diplomat Pkwy, LLC	
	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Marc A. Benjamn	
Name of Person	<del></del> ,
Benjamin, Gussin & Associates	
Firm/Company	<del></del>
801 Skokie Blvd., STE 100	
Address	<del></del>
Northbrook, IL 60062	
City/State and Zip Code	
marcben@bgalawfirm.com (CSC is preparing Annual	Reports)
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ıll:
Marc Benjamin 84	7 861-6211
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

. Na	me of the limited liability company:1500 Diplomat F	⊃kwy, L	LC					
. (a)	17555 Collins Avenue, #3901	(	'b)	17555 Colli	ins Avenue, #39	01		
(-) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del>	,	Ma	niling address of lim	ited liabili		-
	Sunny Isles Beach, FL 33160		-	Sunny Isles	Beach, FL 331	60		
· 1	Date of filing/registration in Florida	— - 4.	_	D	ocument numbe	er		
. (a)	02/08/2023							
	Registered Agent and Registered Office shown on the records of	the Flori	da I	ept. of State:				
	Aaron Tiram					- <u>}</u>	262.	
	Registered Office Address (MUST BE FLORIDA STREET.  17555 Collins Avenue, #3901	<u>ADDRES</u>	<u>ss)</u>			200	123 JUL 2	)·
	. Fi						1	
	, , , , , , , , , , , , , , , , , , , ,	<u> </u>					-	i
(b)								<u>C</u> .
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	<u>ess</u> :				
	Corporation Service Company							8
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee , FL	32301						
hange gent w vas/we he artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited like the authorized by any affirmative vote of the members of cles of organization or the operating agreement of the under or authorized representative of a member or authorized representative of a member or accept the appointment as registered agent and agreement and agreement of the appointment as registered agent and agreement of the	registe ability of of the li limited Ma	red com mit lia arc	office and a pany, it is hed liability comp A. Benjamin	the business offinereby confirme company or as cany.  n, Authorized Reprinted or typed name	ice of the d that the otherwise epresenta	regist chang provid	ered ge(s) ded in
	by accept the appointment as registered agent and agroups of all statutes felative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I is writing of this change.	perforn d for in hereby (	nan Ch con	ce of my du apter 605, I firm that th	ities, ánd I am fa F.S. Or, if this a e limited liabilit	miliar w locumeni y compai	ith ánd is bei ny has	d accept ng filed been