

M14 000004926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

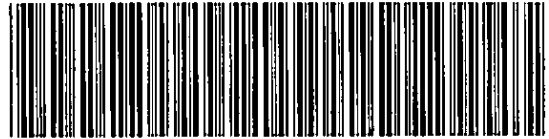
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000319768140

10/18/18--01036--005 **25.00

FILED
18 OCT 18 PM 4:24

OCT 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUMMER PALMS MEZZ 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:

ASHLEE VEGA

Name of Person

BEACHWOLD RESIDENTIAL, LLC

Firm/Company

192 LEXINGTON AVENUE, SUITE 901

Address

NEW YORK, NY 10016

City/State and Zip Code

AVEGA@BEACHWOLD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ASHLEE VEGA at (646) 354-2114
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: SUMMER PALMS MEZZ LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

192 LEXINGTON AVENUE, SUITE 901 192 LEXINGTON AVENUE, SUITE 901
NEW YORK, NY 10016 NEW YORK, NY 10016

07/11/2014 M14000004926

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) The Kammerman Law Group, P.A.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
123 NW 13th Street, Suite 312
Boca Raton, FL 33432

(b) South Oxford Management LLC
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
3701 Danforth Drive #804
Jacksonville, FL 32224

JUL 18 PM 10:24

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 of a member or authorized representative of a member Gideon Z. Friedman
 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 of Registered Agent