

M19 00000 9286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

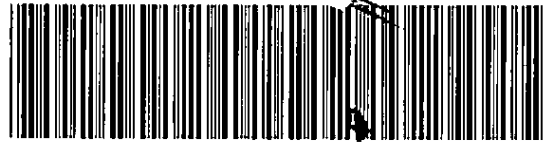
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 FEB 19 AM 9:13

2024 FEB 19 PM 2:24
RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2024 FEB 19 PM 9:13

1975 SW PINE ISLAND SP, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

02/19/24

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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: 1975 SW PINE ISLAND SP, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

100 WILSHIRE BLVD STE. 400
SANTA MONICA, CA 90401

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

100 WILSHIRE BLVD STE. 400
SANTA MONICA, CA 90401

3. 9/25/2019
Date of filing/registration in Florida

M19000009286
Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NRAI SERVICES INC

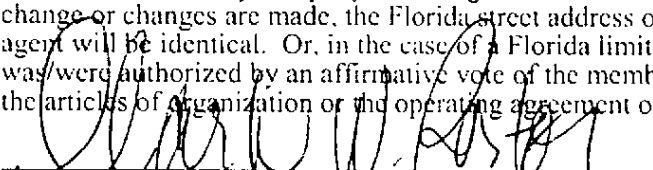
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

2019 FEB 19 AM 9:13
CORP. DIVISION

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

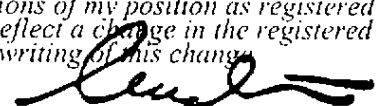
FILEJET INC.
NEW Registered Office Address:
625 E. TWIGGS ST. STE. 110
TAMPA, FL 33602

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

CLARK W. PORTER
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