## L13000 60311

| (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: |
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Office Use Only



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O SIMMONS FEB 1 8 2020

## 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.

| Florida.   | , SW 144 COURT RD LLC   |
|--|---|
| 1. Name of the limited liability company: 998  | 3 300 1117  |
| 2 (a)Principal office address of limited liability company.  | (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |
| (Note: MUST BE STREET ADDRESS)   | (Nas. MAI BE VICE   |
| 1100 SEST CT   | Sant  |
| Suite 87   |   |
| Damparo Besch, Alonda 3  | L 130000 60311  |
| 3. Date of filing/registration in Florida  | 4. Document number 770 JAN  |
| 5. (a) Dov Simon   | A A   |
| Registered Agent and Registered Office shown on the records of   |   |
| Registered Office Address (MUST BE FLORIDA STREET  | ADDRESSI 336  |
| Registered Office Address (MUST BE FLORIDA STREET  | HA W  |
| r  | 1.1   |
| , F  |   |
| (b) Javid Shreeter   | Schoelsuegma, L.Co  |
| Enter name of NEW Registered Agent and/or NEW Registers  | ed Office address:  |
| 1100 S.E. 5th ct   |   |
| NEW Registered Office Address:   |   |
| Su. 6 87   |   |
|  | 2270  |
| Compas Result  | Fl. 3 200-  |
| tent timited liability company is not organized under the  | of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s)   |
| the change of changes are made, the Florida limited agent will be identical. Or, in the case of a Florida limited  | liability company, it is hereby confirmed that the change (a)   |
| was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of the  | he limited liability company.   |
| A  | Frinted or typed name of signee   |
| Signature of a member or authorized representative of a member   | agree to act in this capacity. I further agree to comply with the   |
| provisions of all statutes relative to the proper and completed provisions of all statutes relative to the proper and complete provisions of my position as registered agent as provision as registered agent as provision as registered agent as address. | agree to act in this capacity. I further agree to comply with the<br>ete performance of my duties, and I am familiar with and accept<br>ided for in Chapter 605, F.S. Or, if this document is being filed<br>I hereby confirm that the limited liability company has been |
| to merely reflect a change in the registered office data ess, notified in writing of this change.  |   |
|  |   |
| Signature of Registered Agent  Division of Cornorations • P.O.   | D. Box 6327 • Tallahassee, FL 32314   |
| FILING   | FEE: \$25.00  |