117000230982

(Requestor's Name)						
(Address)						
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(Business Entity Name)						
(Document Number)						
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SECRETARY OF SHORE
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COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJE	207 Pinewood Apartments LLC		
	Name o	of Limited Lia	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	Change and f	ee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the fo	ollowing:
Jessica	Vega		
	Name of Person		-
AIC Ca	pital LLC		
	Firm/Company		_
1395 Bi	rickell Ave Suite 690		
	Address		_
Miami,	FL 33131		
	City/State and Zip Code		_
jessica.v	vega@aic-capital.com		
E	-mail address: (to be used for future annual	report notific	ation)
For furt	ther information concerning this matter, plea	ase call:	
Jessica '	-	352 ut (454-4008
	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 Tallahassec. FL 32303
	Enclosed is a check for the following am	ount:	
	■ \$25 Filing Fee	S55 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. N	lame of the limited liability company: 207 Pinewood Ap	partments 1.			
2. (a)	1395 Brickell Ave Suite 690 Miami, FL 33131	(b)	(b) 1395 Brickell Ave Suite 690 Miami, Fl 33131 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
					
	03/07/2022		.17000230982		
 (a) 	Date of filing/registration in Florida Elenice Portz	4.	Document i	number	
v. (u	Registered Agent and Registered Office shown on the records of PORTZ LEGAL, P.A.	the Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A 2250 SW 3RD AVE SUITE 250	<u>ADDRESS)</u>			
	MIAMI	33129		2022 HAR SECRETA	
(ħ)				ഗ <u>≧ —</u>	
	1395 Brickell Ave Suite 690	Office add	ress:	SEE FREE	
	NEW Registered Office Address:			0	
	Hiami FI		 31		
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the S registered ibility con if the limit	tate of Florida, it is he office and the busines apany, it is hereby coned liability company oblity company.	ss office of the registered firmed that the change(s) or as otherwise provided in	
Sign	ature of a member or a sufferized representative of a member		Jessica Par	oed name of Signee	
I here provis the ob to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in performan I for in Ch pereby con	n this comacity. I find	ar agree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Ricardo Outi

Signature of Registered Agent