## 122000084734

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
. etified Copies Certificates of Status						
ecial Instructions to Filing Officer:						

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 269999 5017381						
AUTHORIZATION: Spellicle man						
COST LIMIT : \$ 25.00						
ORDER DATE : December 21, 2022						
ORDER TIME : 2:17 PM						
ORDER NO. : 269999-005						
CUSTOMER NO: 5017381						
CHANGE OF AGENT						
NAME: 2201 SW 145 AVENUE 1A, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations 2201 SW 145 Avenue 1A, LLC SUBJECT: 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: Eli Ness Name of Person 2201 SW 145 Avenue 1A, LLC Firm/Company 2201 SW 145th Ave. Unit 1A Address Miramar, FL 33027 City/State and Zip Code legal@diamondsinternational.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eli Ness 213 219-7017 at ( Name of Person Area Code & Daytime Telephone Number **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$25 Filling 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. N	ame of the limited liability company: 2201 SW 145	Avenue	1A.	LLC		
2. (a)			(h)			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0).	Mailing addre	ess of limited liability company:  Y BE POST OFFICE BOX	
	2201 SW 145th Ave. Unit 1A		;	2201 SW 145th Ave.	. Unit 1A	
	Miramar, FL 33027		- i	Miramar, FL 33027		
	02/28/2022		L:	22000084734		
3.	Date of filing/registration in Florida	<del></del> 4.		Document	number	
5 (n)	INCORPORATING SERVICES, LTD					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				20'	
	1540 GLENWAY DR				70.7	
	TALLAHASSEE	32301	2022 DEC 21 3230100000			
	··					
(b)	- 100 gr1					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	<u>iddr</u>	<u>ess</u> :		
	Corporation Service Company				<u>.</u>	
	NEW Registered Office Address:					
	1201 Hays Street			<u></u>		
	Tallahassee	32301				
change agent was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Wess	e registe liability c of the line e limited	red com mite	office and the busine pany, it is hereby cored liability company oility company.	ess office of the registered nfirmed that the change(s)	
Signa	ture of a member or authorized representative of a member			Printed or ty	ped name of signee	
provisa the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, left in writing of this change.	gree to ac e perforn ed for in hereby c	et in nanc Che conf	this capacity. I furt ce of my duties, and l apter 605, F.S. Or, i irm that the limited l	her agree to comply with the I am familiar with and accept f this document is being filed liability company has been	
Signatu	Like Walked assistant va aresident					