## L11000008439

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PICK-UP	☐ WAIT	MAIL
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ral Instructions to F	iling Officer:	
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:(	01/25/2023	
Name:	Greg Pintacuda	_
Reference #:	1888839	_
Entity Name:	2128 NORTH	BAY ROAD, LLC
☐ Articles	s of Incorporation/Authorization	to Transact Business
Ameno	dment	
✓ Chang	e of Agent	
Reinsta	atement	
Conve	rsion	
☐ Merger	r	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar Signature:	mount: <b>\$25</b>	
oignature		

F: 800.944.6607

## **COVER LETTER**

TO: Registration Section Division of Corporations					
2128 NORTH BAY ROAD, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this m	atter to the following:				
Jeffrey Altman					
Name of Person					
Firm/Company	<u></u>				
2128 NORTH BAY ROAD					
Address					
MIAMI BEACH, FL 33140					
City/State and Zip Code					
kevind@owlereeklp.com; nicoles@owlereeklp.com, eliz	zabethv@owlcr				
E-mail address: (to be used for future annual)	report notification)				
For further information concerning this matter, plea	ase call:				
Kevin Dibble	917 539-3776				
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 amo	ount:				
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Purshant 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.	Na	me of the limited liability company: 2128 NORTH BA	Y ROAL	D, —	LLC				
2.	(a)		(t	b)					
, ,		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				iiling addre: ( <u>Note: MA</u>			ty company: ICE BOX)
		2128 NORTH BAY ROAD	_		2128 NORTI	H BAY RO	DAD		
		MIAMI BEACH, FL 33140	_	-	MIAMI BEA	ACH, FL 3	3140		
		01/20/2011		I.	.1100000843	19			
3.		Date of filing/registration in Florida	<b>-</b> 4.		E	Ocument	number	-	
5.	(a)	CORPDIRECT AGENTS, INC							
٥.	(α)	Registered Agent and Registered Office shown on the records of t	he Florida	a D	Dept. of State:				
							رب. س س	207	
		Registered Office Address (MUST BE FLORIDA STREET)	IDDRESS	<u>S)</u>			A C	23	
		1200 South Pine Island Road					\\ \frac{\frac{1}{2}}{1}.	2023 JAN 25	មី ភ្នំ «ភភា <del>»</del>
		Miami .FL 33324					TALLAHASS		CHI'PI
							SC. Mor	AM 10: 0	
	(b)							Ö	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>ldr</u>	<u>'ess</u> :		<u> </u>	2	
		Cogency Global Inc.							
		NEW Registered Office Address:							
		115 North Calhoun Street, Suite 4		_					
		Tallahassee, FL	32301						
the age wa	cha nt v s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ibility co f the lin	ste on nite lia	ered office a npany, it is l ed liability (	and the but hereby co- company any.	isiness of nfirmed t	fice of	f the registered e change(s)
S	Signature of a member or authorized representative of a member				F	Printed or typed name of signee			
pro the to i noi By:	ovisi obl merc ifiec	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I lim writing of this change.	ce to ac perform I for in ( iereby c	t in Ch Ch	n this capac nce of my du apter 605, I afirm that th	city. I furi uies, and F.S. Or, i e limited	ther agre I am fam if this doc liability c	e to co iliar w cumen compa	omply with the with and accept t is being filed ny has been

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