

L00000011281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

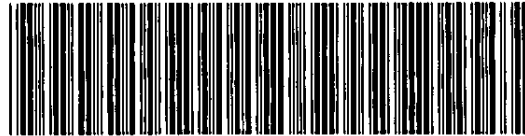
(Business Entity Name)

(Document Number)

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2015 OCT 23 A 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

S MASON



ATTORNEYS AT LAW

Monday, October 19, 2015

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Century Everglades, LLC. - General Matters

To Whom it May Concern:

Enclosed herein you will find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. We are simply changing the address of the Registered Agent. Also enclosed is our Firm check number 23287 in the amount of \$25.00 made payable to Sunbiz.org.

Should you have any questions or require anything further, please do not hesitate to contact us.

Sincerely,

Gloria Alfonso, Legal Assistant to
JORGE L. PIEDRA
For the Firm

/ga

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTURY EVERGLADES LLC
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:

Jorge L. Piedra

Name of Person

Piedra & Associates, PA

Firm/Company

201 Alhambra Circle, Suite 1200

Address

Coral Gables, FL 33134

City/State and Zip Code

jpiedra@piedralaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge L. Piedra

Name of Person

at (305) 448-7064

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 amount:

☒ \$25 Filing 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. Name of the limited liability company: CENTURY EVERGLADES LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. _____ 4. 100000011281
Date of filing/registration in Florida Document number

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

PIEDRA & ASSOCIATES, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2950 SW 27th Avenue, Suite 300

Miami, FL 33133

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

NEW Registered Office Address:

201 Alhambra Circle, Suite 1200

Coral Gables, FL 33134

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

JORGE L. PIEDRA

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

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