

| (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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Letter Number: 020A00006880

March 30, 2020

MARC BELL 6800 BROKEN SOUND PKWY NW STE 200 BOCA RATON, FL 33487

SUBJECT: 3775 COVENTRY LANE, L.L.C.

Ref. Number: L02000002340

We have received your document for 3775 COVENTRY LANE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

Don't for the DO DOY good mill be seen

COVER LETTER

| TO: | Registration Division of | Section Corporations | | |
|--------|-----------------------------|-----------------------------|--|--|
| SUBJ | ECT: | 3775 | Coventry Lan | e UC ability Company |
| | | | Name of Limited Li | ability Company |
| Dear S | Sir or Madam: | | | |
| The er | nclosed Regis | ered Agent/Reg | sistered Office Change and | fee(s) are submitted for filing. |
| Please | return all cor | respondence cor | ncerning this matter to the f | Following: |
| | Marc | Beil | erson | |
| | | Name of Pe | erson | |
| 3 | 775 Ci | oventry Firm/Comp | iane iic | _ |
| 6 | 800 B1 | oken Sou Address | and PKWY NU |) Ste 200 |
| | Boca R | aton City/State and | FL 33487 Zip Code | _ |
| | nhell a E-mail addres | macrobos: (to be used for | til . com r future annual report notifi | cation) |
| For fu | irther informa | tion concerning | this matter, please call: | |
| | m arc Nai | Bell ne of Person | at (<u>50 i</u> |) 938-1701 Area Code & Daytime Telephone Number |
| | P.O. Box 6 | n Section f Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| | Enclosed is | a check for the | e following amount: | |
| | 🗆 \$25 Filir | ng Fee | □ ss | 55 Filing Fee & Certified Copy |
| INHS | 18 (2/14) | | | |

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.

| | ime of the limited liability company: 3775 Coventro | , | | | | | | | |
|-----------------------------------|--|--|---|--|---|---|--|--|--|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | M | <u>BioKen</u> ailing address of l (Note: MAYBE | imited liabil | ity company: | V | | | |
| | Suite 200 Su | lite | 200 | | | | | | |
| | Boca Rakon, FL 33487 B | oca | Raton | FL | 33487 | | | | |
| | 1 24 200 L Date of filing/registration in Florida LD2C0002340 Document number | | | | | | | | |
| 3. | | | Document num | ber | | | | | |
| 5. (a) | To-Jean Figure 1 a Esq. Registered Agent and Registered Office shown on the records of the Florida Dept. | of State: | | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | ~; | | | | | |
| | Suite 200 | | | 7 : | | | | | |
| | Beca Raton .FL 33487 | | | 30 | | | | | |
| (b) | marc Bell | | | | | | | | |
| (4) | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | 3: ns | | | | | |
| | NEW Registered Office Address: | | | ED. | | | | | |
| | Suite 200 | | | | | | | | |
| | Beca Raton .FL 33487 | | | | | | | | |
| change agent v | imited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered off will be identical. Or, in the case of a Florida limited liability comparere authorized by an affirmative vote of the members of the limited licles of organization or the operating agreement of the limited liabili | ice and ny, it is liability | the business of hereby confirm company or as | ffice of the red that th | e registered e change(s) | | | | |
| | 2 Mars | c Be | <u>l/ - Mana</u> Printed or typed n | ge | | | | | |
| _ | | | • • | _ | | | | | |
| provisa the obtained to mer | by accept the appointment as registered agent and agree to act in the ions of all statutes relative to the proper and complete performance of ligations of my position as registered agent as provided for in Chapt ely reflect a change in the registered office address, I hereby confirm I in writing of this change. | is capac of my di er 605, n that th | etty. I further a ities, and I am F.S. Or, if this we limited liabil | igree to co familiar v documen lity compa | ompty with the with and accept it is being filed iny has been | | | | |

Signature of Registered Agent