## L0200007047

(F	Requestor's Name)
A)	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
([	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	Office Use Only



08/23/18--01012--020 \*\*25.00

FILED 18 AUG 23 AN **5:** 39 Studied And Contract ALLAHASSEE, FLORIDA

AUG 2 9 2018 S. YOUNG Division of Corporations

 SUBJECT:
 Sumerset Apartments, 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:

 Eric Richelson

**Richelson Enterprises** 

TO:

Firm/Company

10 New King Street, Suite 209

**Registration Section** 

Address

White Plains, NY 10604

City/State and Zip Code

ericrichelson@aol.com

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

For further information concerning this matter, please call:

Eric Richelson	914-681-1337
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301 Enclosed is a check for the following ☑ \$25 Filing Fee	amount:



INHS18 (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.

1.	Na	me of the limited liability company:	Sumerset Apartments, LLC						
	(a)	Sumerset Apartments		(b	Sume	erset Apartments			
٤.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0	(b)				
		1051 Lee Road			10 Ne	w King St Ste 209	9		
		Orlando, FL 32810		_	White	Plains, NY 10604		<b>.</b>	
		03/25/2002			L0200	0007047			
3.		Date of filing/registration in	Florida	4.		Document number	r		
5	(a)	C T CORPORATION SYSTEM	Л						
5.	(a)	Registered Agent and Registered Office show	wn on the records of th	e Florida	Dept. of	State:			
		Registered Office Address (MUST BE FLORIDA STREET ADDR			й И				
		1200 SOUTH PINE ISLAND	ROAD				Ā	8	
		PLANTATION	, FL_	33324				<u>–</u>	
	(b)	Bridget Michalko					AUG 23 AH AHASSEE, FL		
		Enter name of NEW Registered Agent and/or NEW Registered Office address:							
		Bridget Michalko, PRoperty Manager					8:39 0000		
		NEW Registered Office Address:	1	J					
		1051 Lee Road							
		Orlando	FL	32810					
th ag wh C = I pith to	e cha gent v as/w e art Signa here rovis e obj mer	imited liability company is not organ ange or changes are made, the Florida vill be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization of the operating ture of a member or authorized representative by accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered elv reflect a change in the registered d in writing of this change	street address of t Florida limited lial of the members of agreement of the l of a member red agent and agree per and complete p agent as provided	the regibility c f the lin imited Eric ge to according for in	stered o ompany, nited liab liability c Riche c Riche t in this ance of Chapter	ffice and the business, it is hereby confirmed bility company or as of company. elson Printed or typed nam capacity. I further ag my duties, and I am fa 605 F.S. Or, if this a	office o that the therwise the of signation ree to ch miliar v locumen	f the r e char e prov e omply with an at is be	with the add ccep

Signature of Registered Agent

.

4

.

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