## LOZ 0000 33016

| (Re                                     | (Requestor's Name) |           |  |  |  |
|---|--------------------|-----------|--|--|--|
|   |                    |           |  |  |  |
| (Address)                               |                    |           |  |  |  |
| `                                       | (Addiess)          |           |  |  |  |
|   |                    |           |  |  |  |
| (Address)                               |                    |           |  |  |  |
|   |                    |           |  |  |  |
| (Cit                                    | y/State/Zip/Phone  | e #)      |  |  |  |
|   |                    |           |  |  |  |
| PICK-UP                                 |                    | MAIL      |  |  |  |
| <del>_</del>                            |                    |           |  |  |  |
|   |                    |           |  |  |  |
| (Bu                                     | siness Entity Nan  | ne)       |  |  |  |
|   |                    |           |  |  |  |
| (Do                                     | cument Number)     |           |  |  |  |
|   |                    |           |  |  |  |
| Cartified Conies                        | Certificates       | of Status |  |  |  |
| Certified Copies Certificates of Status |                    |           |  |  |  |
|   |                    |           |  |  |  |
| Special Instructions to                 | Filing Officer:    |           |  |  |  |
|   | -                  |           |  |  |  |
|   |                    |           |  |  |  |
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OCT 14 2019 S. YOUNG ALLABASSEETCORD

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

| Divi                           | sion of Corporations   |   |  |  |  |
|--------------------------------|--|---|--|--|--|
| SUBJECT:                       | 4663 OKEECHOBEE BOULEVARD LLC  |   |  |  |  |
| gon, Let.                      | Name of Limited Liability Company  |   |  |  |  |
| Dear Sir or N                  | Madam:   |   |  |  |  |
| The enclosed                   | d Registered Agent/Registered Office Cl  | Change and fee(s) are submitted for filing.   |  |  |  |
| Please return                  | all correspondence concerning this mat   | itter to the following:   |  |  |  |
| FREDERIG                       | CK GRACE   |   |  |  |  |
|                                | Name of Person   |   |  |  |  |
| GRACE D                        | EVELOPMENT   |   |  |  |  |
|                                | Firm/Company   |   |  |  |  |
| 3309 FAIR                      | RMONT DRIVE  |   |  |  |  |
|                                | Address  |   |  |  |  |
| NASHVILL                       | LE TN 37203  |   |  |  |  |
|                                | City/State and Zip Code  |   |  |  |  |
|                                | @GMAIL.COM   |   |  |  |  |
|                                | address: (to be used for future annual re  |   |  |  |  |
| For further is                 | nformation concerning this matter, pleas   | se call:  |  |  |  |
| ROBERT I                       | FIELD at   | 561-459-2770  |  |  |  |
|                                | Name of Person   | t () 561-459-2770 Area Code & Daytime Telephone Numb  |  |  |  |
| Regi<br>Divi:<br>Clift<br>2661 | SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee. Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |  |  |  |
| Encl                           | closed is a check for the following amount:  |   |  |  |  |
| <b>2</b> \$2                   | 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. Na                                    | ame of the limited liability company: 4663 OKEEC  | HOBEE  | BOULEVARD LLC  |   |
|--|---|--|--|---|
| 2. (a)                                   |   |  |  |   |
| ( ,                                      | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | (-)  | (b)  |   |
|  | 3309 FAIRMONT DRIVE   |  | 3309 FAIRMONT DRIVI  | E   |
|  | NASHVILLE TN 37203  |  | NASHVILLE TN 37203   | 3   |
|  | 12/09/2002  | Ĺ  | 02000033016  |   |
| 3.                                       | Date of filing/registration in Florida  | 4.   | Document number  | T   |
| 5. (a)                                   |   |  |  |   |
| J. (u)                                   | Registered Agent and Registered Office shown on the records of t  | he Florida I   | Dept. of State:  | 5   |
|  | CORPORATION SERVICE COMPANY   |  |  |   |
|  | Registered Office Address (MUST BE FLORIDA STREET A   | (DDRESS)   | <del> </del>   | 2 9 7   |
|  | 1201 HAYS ST.   |  |  | 27 15   |
|  | TALLAHASSEE .FL   | 32301  |  | FILED 7:09 19 3EP 27 PH 7:09 (ALL MISS SEE TESTION) |
|  |   |  |  | 7: C  |
| (b)                                      | Enter name of NEW Registered Agent and/or NEW Registered  | ()66 1.1.  |  | <u> </u>  |
|  | tancer name of NEW Registered Agent and/or NEW Registered   | Office addi  | <u>ess</u> .   |   |
|  | ROBERT FIELD  |  |  |   |
|  | NEW Registered Office Address:  |  | <del></del>  |   |
|  | 241 BRADLEY PLACE   |  |  |   |
|  | PALM BEACH  | 33480  |  |   |
| the cha<br>agent v<br>was/we             | imited liability company is not organized under the law<br>ange or changes are made, the Florida street address of<br>vill be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the | the registed<br>bility confithe limit<br>bilimited lia | ered office and the business of<br>apany, it is hereby confirmed<br>ed liability company or as ot<br>bility company. | office of the registered that the change(s)         |
| Signa                                    | ture of a member or authorized representative of a member   | OLIV   | ER R. GRACE, JR.  Printed or typed name  | of signee   |
| I herei<br>provisi<br>the obl<br>to mere | by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ly reflect a change in the registered office address, I had in writing of this change.  | ee to act i<br>performai<br>I for in CI<br>pereby cor  | n this capacity. I further our   | vee to comply with the                              |

Signature of Register at Agent