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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Name | e) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates o | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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D SCOTT SEP 2 6 2017

COVER LETTER

| SUBJECT: 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: |
| Scott W. LEEDS Name of Person |
| MAJESTIC Residences I LLC Firm/Company |
| 14430 Lake Lane |
| Southwest Ranches, FL. 33330 City/State and Zip Code |
| SWLEEDS @ ADL. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| SCOTT W. LEEDS at 305, 962-1236 Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section |

Division of Corporations

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

P.O. Box 6327

INHS18 (2/14)

Division of Corporations

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

Clifton Building

\$25 Filing Fee

TO:

Registration Section Division of Corporations

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.

| Name of the limited liabili | ty company: MAJES | TIC Kes | idences I LL | <u>^</u> |
|------------------------------------|--|----------------------------------|--|---------------|
| 10700 M: | STANG TRAIL | (b) | SAME | |
| | ess of limited liability company: | _ (0) | Mailing address of limited liability c | ompany: |
| (Note: MUST | BE STREET (DDRESS) | | (Note: MAY BE POST OFFICE | BOX) |
| Southwest | Ranches, FL | | | _ |
| | 33330 | | | |
| 4/27/ | 2004 | LOA | +0000:31 <u>8</u> 83 _ | |
| 3. Date of filing/s | registration in Florida | 4. | Document number | |
| 5. (a) <u>A</u> 5(07 | TT W Leeds | | | |
| | tered Office shown on the records of the | he Florida Dept. of S | tate; | |
| AS A | 4BOVE | | | |
| Registered Office Address | (MUST BE FLORIDA STREET A | (DDRESS) | | |
| | | | | |
| | | | | |
| | , FL_ | | <u> </u> | |
| • | | | | |
| (b) Enter name of NEW Regist | ered Agent and/o NEW Registered | Office address: | _ | • |
| | | | | |
| | | | | |
| NEW Registered Office Ac | ldress: | | | · |
| 14430 | Lake Lane | | | <u>-</u> |
| | | | | , |
| Southwes | 1 Ranches .FL | <u> 3333(</u> | <u>) </u> | |
| If the limited liability compan- | v is not organized under the lav | vs of the State of | Florida, it is hereby confirmed | that after |
| the change or changes are mad | le the Florida street address of | the registered of | ice and the business office of the is hereby confirmed that the c | ne registered |
| was/were authorized by an aff | irmative vote of the members o | of the limited hab | dity company or as otherwise p | rovided in |
| the articles of organization or | the operating agreement of the | limited liability of | | |
| Signature of a member or authorize | ad consequentation of a member | 300 | Printed or typed name of signee | |
| | | and the state of | and a life of feather agree to com | nly with the |
| provisions of all statutes relat | ive to the proper and complete | performance of n discountries | ny duties, and I am familiar with S05 F.S. Or, if this document is | h and accept |
| to merely reflect a charge in t | he registered office address, I) | hereby confirm th | apacity. I further agree to coming duties, and I am familiar wit. 505, F.S. Or, if this document is at the limited liability company | has been |
| notified in writing of this chan | 37 | | | |
| | <u>~~</u> | | | |

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

Signature of Registered Agent