

L04000075883

(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:

Walk in \$25.00

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FILED
2019 NOV 20 AM 5:13
CLERK OF COURT
JANUARY 1, 2020

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 11/20/2019

****WALK IN****

ENTITY NAME LA MIRADA CENTER, LLC

DOCUMENT NUMBER L04000075883

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

CHECK # 6874

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: LA MIRADA CENTER, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

9811 SAVONA WINDS DR.

DELRAY BEACH, FL 33446

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

P.O. BOX 480283

DELRAY BEACH, FL 33448

10/19/2004

L04000075883

3. Date of filing/registration in Florida

4. Document number

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

ELIAHU GOLAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9811 Savona Winds Dr,

Delray Beach, FL 33446

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

Lisa Caraglio

NEW Registered Office Address:

3501 West Vine Street, Suite 335

Kissimmee, FL 34741

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

Tom Sherman, Authorized Representative of the Member(s)

Printed or typed name of signer

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.

Lisa Caraglio
Signature of Registered Agent

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

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STATE