# LO5000036273

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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

### CENTRAL FLORIDA INVESTMENTS I, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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.

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Damaso W. Saavedra

Name of Person

Saavedra-Goodwin

Firm/Company

888 S.E 3rd Avenue, Suite 500

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

dpazo@saavlaw.com

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

For further information concerning this matter, please call:

Deanna Pazo	954 767-6333 at (
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
<b>Registration Section</b>	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

### Enclosed is a check for the following amount:

S25 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. N	ame of the limited liability company:	ORIDA I	NVF	ESTMENTS	I, LLC			
2. (a)			(b)					
2. (u)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		(0)		lailing address o ( <u>Note: MAY B</u>		-	
	888 SE 3rd Avenue, Suite 500			888 SE 3rd .	Avenue, Suite	500		
	Fort Lauderdale Florida, 33316			Fort Lauder	dale Florida, 3	3316		
	04/13/2005		L	.0500003627	'3			
3.	Date of filing/registration in Florida	4.	-	Ī	Document nu	mber	_	
5. (a)	SAAVEDRA, DAMASO W							
J. (1)	Registered Agent and Registered Office shown on the records of	of the Flor	ida I	Dept. of State:				
						<u></u>	201	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>			IN R	21 A	لكنجد
	312 SE 17 STREET SECOND FLOOR						2021 AUG 27	
	Fort Lauderdale	L						
						nn truc	PH	
(b)	Saavedra, Damaso W, Esq.						2: 53	*
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	addi	<u>'ess</u> :		7 <b>1</b> ;	ယ်	
	NEW Registered Office Address:							
	888 SE 3rd Avenue, Suite 500							
	Fort Lauderdale	33316						
	······································							
If the l	imited liability company is not organized under the late or changes are made, the Florida street address of the street address of th	ws of the	ne S	tate of Flori	ida, it is here	by confin	med th	at after the
agent v	will be identical. Of initial case of a Fiorida limited is	iadility (	com	ibany, it is f	tereby confir	med that	the cha	inge(s)
the arti	ere authorized by an affirmative vote of the members cles of organization of the operating agreement of the	of the li e limited	imiti 1 lia	ed liability ( bility comp	company or a any.	as otherw	ise pro	vided in
	a.	7		• •	· ~		00	100
Signa	ture of a member or authorized representative of a member	<u></u>	<u>"(A</u> )		Printed or typed	name of sig		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete ignions of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to a e perfori ed for in hereby	ct ir man Ch con	this capac ce of my du apter 605, l firm that the	ity. I further tties, and I an F.S. Or, if th e limited liab	agree to n familiar is docume ility comp	compl with a ent is b pany ha	v with the and accept eing filed as been
Signatu	re of Registered Agent							

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

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