105000 83204

| (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: | | | | | |
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| wrong form | | | | | |
| Office Use Only | | | | | |



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O SIMMONS DEC 1 8 2018



December 3, 2018

LEANNE CASTELLANOS PO BOX 6025 HUTCHINSON ISLAND, FL 34957

SUBJECT: 43RD STREET PROPERTY ENTERPRISES LLC

Ref. Number: L05000083204

We have received your document for 43RD STREET PROPERTY ENTERPRISES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 318A00024718

Octavia L Simmons Regulatory Specialist III

COVER LETTER

| Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: 43RIJ STRELT Property Enterprises LLC Name of Limited Liability Company | | | | | |
| Dear Sir or Madam: | | | | | |
| The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | |
| Leane Castellanes Name of Person | | | | | |
| H31d Street Firm/Company | | | | | |
| PO 30x 6025 Address | | | | | |
| Jensen Beach FL 34157 City/State and Zip Code | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| LCLIANE at (954) 980 6850 Name of Person Area Code & Daytime Telephone Numbe | | | | | |
| | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | |
| □ \$25 Filing Fee & Certified Copy | | | | | |

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.

| - I. Na | me of the limited liability company: <u>H3rd</u> S | treet | Property Enlerprises LLC |
|--|--|---|--|
| , 2. (a) | | | , , |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 9020 44th Ave | | PO 20x 6025 |
| | Sebastian FL 32958 | | Jensen Beach FL 34957 |
| | 08/22/05 | _ | LU5000083204 |
| √ 3. | Date of filing/registration in Florida | 4. 7 | Document number |
| ✓ 5. (a) | Registered Agent and Registered Office shown on the records of | | ept. of State |
| | Registered Office Address (MUST BE FLORIDA STREET) | <u>ADDRESS)</u> | <u>`</u> |
| | 14579 82ND LANE N | - | |
| | LOX chathee . FI | <u>. 334-</u> | <u>70</u> = 3 |
| | | | - |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | Office addre | . ω 5 ω |
| , | NEW Registered Office Address: | | |
| Ų. | 9020 44th AVE | | |
| | Sebushan | . 3295 | 5 <u>%</u> |
| the cha agent v was/we the arti Signar I herei provisi the ohl to mere | imited liability company is not organized under the layinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the CLEC COSTUDE of a member or authorized representative of a member observed the appointment as registered agent and agreement of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I if in writing of this change | the registe ability composite limited lial limited lial lial lial lial lial lial lial lia | red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in polity company. LEATINE CASTELLATOS Printed or typed name of signee at this capacity. I further agree to comply with the cee of my duties, and I am familiar with and acceptanter 605. F.S. Or, if this document is being filed |

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

Signature of Registered Agent