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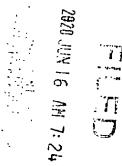
Requ	uestor's Name)	
(Addr	ess)	_
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doct	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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JUL 2 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations		
467 Partners LLC SUBJECT:		
	Name of Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concernin	ig this matter to the	following:
Gustavo Macias		
Name of Person		
Infill Development Lenders, LLC		
Firm/Company	 -	<u> </u>
P.O. Box 431852		
Address		
South Miami, Florida 33243		
City/State and Zip Co	de	
gmacias@bankerslendingservices.com		
E-mail address: (to be used for future	annual report notif	fication)
For further information concerning this ma	tter, please call:	
Gustavo Macias	305 at (338-4636
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ving amount:	
■ \$25 Filing Fee	□ s	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.

Na	ame of the limited liability company: 467 Partners LLC						
	7930 SW 126 Terrace, Pinecrest, Florida 33156	7930 SW 126 Terrace, Pincerest, Florida 33156				66	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limite (Note: MAY BE POS					
	02/23/2006	L0600002	20367				
	Date of filing/registration in Florida	4.	Document nu	mber			
(a)	Margarita N. Leon						
(Registered Agent and Registered Office shown on the records of	the Florida Dept. of So	tale:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
	7930 SW 126 Terrace						
	Pinecrest	33156			~ `		
		<u> </u>		٠,	620		
(b)				 		,	
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:			91 Kift 0292	4 1°TE	
	Infill Development Lenders, ELC			32	5 AM		
	NEW Registered Office Address:		- 	•	7:	,]	
	7930 SW 126 Terrace		_	•	24		
	Pinecrest	33156					
	,						
ie li	imited liability company is not organized under the la	ws of the State of F	Florida, it is here	by confirm	ned that	after t	
II v	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li	ability company, it	is hereby confi	rmed that th	ne chang	gc(s)	
W.	ere authorized by an aftirmative vote of the members of the operating agreement of the	of the limited liabil	lity company or	as otherwis	se provid	ded in	
ر جر	11110111 Of the	Margarita N. L					
- 1	uge of a grember or authorized representative of a member		Printed or types	I name of sign	nee		
znat			Trimed or Tylica	-			
rel visi obli vert	to accept the appointment as registered agent and agrifus of all statutes relative to the proper and complete leavings of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	performance of my d for in Chapter 60	v duties, and La 05. F.S Or. if th	m familiar us documei	with and ut is bei	d acce ng file	