

206000044809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

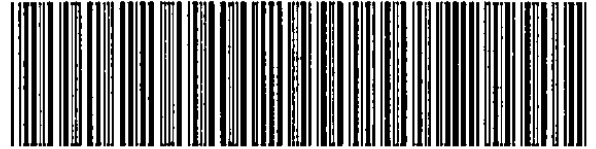
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/24/22--01019--022 *\$35.00

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2023 FEB -3 AM 10:06
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 556 Westree Lane LLC
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:

Keith Halpern

Name of Person

556 Westree Lane LLC

Firm/Company

1515 NE 17th Ave

Address

Fort Lauderdale, FL, 33304

City/State and Zip Code

Keith@amisales.com

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

For further information concerning this matter, please call:

Keith Halpern

Name of Person

at (954) 812-7054

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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

\$35 paid previously



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2023

KEITH HALPERN
1515 NE 17TH AVENUE
FORT LAUDERDALE, FL 33304

SUBJECT: 556 WESTREE LANE, LLC
Ref. Number: L06000044809

cleared 10/26/22

We have received your document for 556 WESTREE LANE, 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 FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00001368

REC 3 2023

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: 556 Westree Lane LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
1515 NE 17th Ave 1515 NE 17th Ave
Fort Lauderdale, FL 33304 Fort Lauderdale, FL 33304
4/28/06 L06000044809
3. Date of filing/registration in Florida 4. Document number

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

Keith L Halpern
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
945 S. Northlake Drive
Hollywood, FL 33019

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

NEW Registered Office Address:
1515 NE 17th Ave
Fort Lauderdale, FL 33304

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.

Keith L Halpern
Signature of a member or authorized representative of a member

Keith L Halpern
Printed or typed name of signee

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.

Keith L Halpern
Signature of Registered Agent

FILED
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TALLAHASSEE, FL
CLERK OF STATE