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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

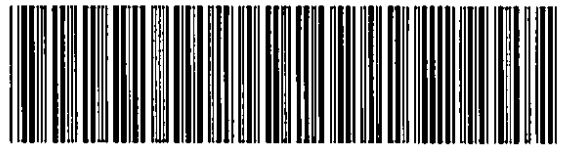
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 20 PM 1:14

March 30, 2020

MARC BELL
6800 BROKEN SOUND PKWY NW STE 200
BOCA RATON, FL 33487

SUBJECT: 7663 FENWICK PLACE LLC
Ref. Number: L06000064330

We have received your document for 7663 FENWICK PLACE 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 PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. 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) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 520A00006933

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7663 Fenwick Place 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:

Marc Bell
Name of Person

7663 Fenwick Place LLC
Firm/Company

6800 Broken Sound Pkwy NW, Ste 200
Address

Boca Raton FL 33487
City/State and Zip Code

mbell@marcbell.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Bell at (561) 988-1701
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 following amount:

☐ \$25 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. Name of the limited liability company: 7663 Fenwick Place LLC

2. (a) 6800 Broken Sound Pkwy NW

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Suite 200

Boca Raton FL 33487

(b) 6800 Broken Sound Pkwy NW

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 200

Boca Raton FL 33487

3. 6/23/2006

Date of filing/registration in Florida

4. L06000064330

Document number

5. (a) Jo-Jean Figueira, Esq.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6800 Broken Sound Pkwy NW

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 200

Boca Raton FL 33487

(b) Marc Bell

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6800 Broken Sound Pkwy NW

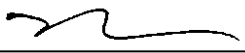
NEW Registered Office Address:

Suite 200

Boca Raton FL 33487

2006 JUN 20 PM 4:06


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

Marc Bell - Manager

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.


Signature of Registered Agent