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(Requestor's Name) (Address) (Address)	200430461332
(City/State/Zip/Phone #)	2024 HAY 28 PH 11:42 SECRETARY OF STATE TALL STATE TO STATE 1020 14 15 THE 1020 14 15 THE 11 14 2
Special Instructions to Filing Officer:	

Office Use Only

## COVER LETTER

TO: Registration Section Division of Corporations

Club Verano LEC SUBJECT:

Name of Limited Liability Company

Delit Sulor Madami

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

Please retain all correspondence concerning this matter to the following:

Netur i Fernandez 111 : 2 : 1 : 111 - 111

Name of Person

Long Management Company

.....

Firm Company

790 Park of Commerce Blvd Ste 200

**Address** 

bur Bar (FC Pres)

City-State and Zip Code

nadjarfy larginingement com-

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

For further information concerning this matter, please call:

Nadya Fernardez	561 7508800 ext 202 at ( )
Nume of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fatiahassue, FL 32314	<u>Street Address:</u> 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:

🗃 825 Filing Fee

□ \$55 Filing Fee & Certified Copy

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## 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 submass the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

بر،		(b)		of limited liability company:
	Principal office address of limited liability compa (Nute: MUST HE STREET ADDRESS)	ny:	Mailing address ( (Note: MAY )	BE POST OFFICE BOX
	790 Park of Commerce Blvd Ste 200	79	0 Park of Commerce B	lvd Ste 200
	Buca Raton FL 33487	Bo	xa Raton FL 33487	
	1 - 05 <u>3</u> 008		000118167	
	Date of filing/registration in Florida	4.	Document nu	umber
9 40 -	Registered Agent and Registered Office shown on the real	cords of the Florida Dep	pL of State:	
	Keyni Carroll - Lung Management Company Inc Registered Office Address <u>IMUST UE FLORIDA ST</u> 2581 Park of Commerce Blvd Ste 200	TREET ADDRESS	<u></u>	
				2021 F SECF
(6)	Regimenal Office Address <u>(MUST BE FLORIDA S</u> 390 Park of Commerce Blvd Ste 200	, FL		2024 HAY 28 SECRETARY TALLAHAY
(Ե)	Regimeral Office Address <u>IMUST BE FLORIDA S</u> 1980 Park of Commerce Blvd Ste 200 Boen Ration	, FL gistered Office addres	 	28 28 28
(b)	Registered Office Address <u>IMUST BE FLORIDA ST</u> 1940 Park of Commerce Blvd Ste 200 Boca Ration Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	, FL gistered Office addres		28 28 28
(b)	Registered Office Address <u>IMUST BE FLORIDA ST</u> 1940 Park of Commerce Blvd Ste 200 Boca Ration Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> William Isacson - Lang Management Lifestyle Inc	, FL gistered Office addres		ARY U

It the humed 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.

Joshua Hoot funture of a member of authorized regresentative of a member Printed or typed name of signce

Increde 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 an 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 actively in writing of this change.

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

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