

LOT 000000 2323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

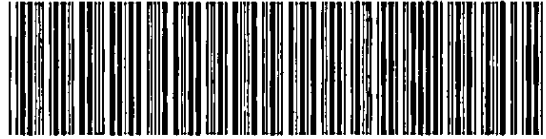
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700363524287

04/14/21--01012--019 \*\*25.00

FILED  
2021 APR 14 AM 6:41  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 8101 SW 128 Street, 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:

Barry S. Schinder  
Name of Person

Barry S. Schinder, P.A.  
Firm/Company

4000 Hollywood Blvd. Suite 725-S  
Address

Hollywood, FL 33021  
(City/State and Zip Code)

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

For further information concerning this matter, please call:

Barry Schinder (954) 923-8100  
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: 8101 SW 125 STREET LLC
2. (a) Barry S. Schinder, P.A.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
4000 Hollywood Blvd Ste 725-S  
Hollywood, FL 33021
- (b) Barry S. Schinder, P.A.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
4000 Hollywood Blvd. Ste 725-S  
Hollywood, FL 33021
3. 04-07-2021  
Date of filing/registration in Florida
4. 107000002323  
Document number
5. (a) Holly Cohen P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
12700 Biscayne Blvd #401  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
N. Miami, FL  
33181
- (b) Barry S. Schinder, P.A.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
4000 Hollywood Blvd. Suite 725-S  
Hollywood  
FL 33021

FILED  
2021 APR 14 AM 6:41  
TALLAHASSEE, FLORIDA

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.

Susan Vogel  
Signature of a member or authorized representative of a member

Susan Vogel  
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]  
Signature of Registered Agent

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