KO7-000067947

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: FLAMINGO PARK III LLC Name of Limited Liability Company | | | | | | |
| | | | | | | |
| The enclosed Registered Agent/Registered Off | fice Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning th | nis matter to the following: | | | | | |
| Stephanie Zevallos | | | | | | |
| Name of Person | - | | | | | |
| Seagis Property Group | | | | | | |
| Firm/Company | | | | | | |
| 11340 INTERCHANGE CIRCLE NOR | тн | | | | | |
| Address | | | | | | |
| MIRAMAR, FL 33025 | | | | | | |
| City/State and Zip Code | | | | | | |
| szevallos@seagisproperty.com | | | | | | |
| E-mail address: (to be used for future ann | nual report notification) | | | | | |
| For further information concerning this matter. | . please call: | | | | | |
| Stephanie Zevallos | 754 816-1830 | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| 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.

| | me of the limited liability company: FLAMINGO Pa | WIN | III LLO | |
|--|---|--|---|---|
| 2. (a) | C/O SEAGIS PROPERTY GROUP | (b) C/O SEAGIS PROPERTY GROUP | | |
| | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | | ٨ | Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 100 FRONT STREET, SUITE 350 | _ | 100 FRC | ONT STREET, SUITE 350 |
| | WEST CONSHOHOCKEN, PA 19428 | _ | WEST C | ONSHOHOCKEN, PA 19428 |
| | 06/28/2007 | | L0700006 | 37947 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| i. (a) | CT CORPORATION SYSTEM | | | |
| . (4) | Registered Agent and Registered Office shown on the records of the | e Flori | la Dept. of State | : |
| | During JOSS (J.) AMIST BE ELODINA STREET | D D D C A | (6) | |
| | Registered Office Address (MUST BE FLORIDA STREET AL 1200 SOUTH PINE ISLAND ROAD | <u>OOKES</u> | <u>s)</u> | |
| | | | | |
| | PLANTATION , FL | 33324 | <u> </u> | |
| (b) | Stephanie Zevallos | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered C | Office a | ddress: | ٠. |
| | C/O SEAGIS PROPERTY GROUP LP | | | ; |
| | NEW Registered Office Address: | | | · . |
| | 11340 INTERCHANGE CIRCLE NORTH | | | (3 |
| | | | | :: |
| | MIRAMAR, FL | 3302 | 5 | ወኔ የኃ |
| ne char gent w vas/wei he artic | mited liability company is not organized under the law- nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | he reg pility of the linited | istered office ompany, it is nited liability liability com | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| Signati | are of amember or authorized representative of a member | | nothy McK | Printed or typed name of signee |
| l hereb provisio he obli o mere | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have | e to ac erfori for in creby i | t in this capa vance of my a Chapter 605, confirm that t | ecity. I further garge to comply with the |

Signature of Registered Agent