LO800000 9518

| (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: |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2020

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

SUBJECT: MELBOURNE DEVELOPMENT, LLC

Ref. Number: L08000009518

We have received your document for MELBOURNE DEVELOPMENT, 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: 920A00006943

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Meibourne | Name of Limited Liability Company |
| Dear Sir or Madam: | |
| The anglocad Pavietared Agent/Pa | egistered Office Change and fee(s) are submitted for filing. |
| - | |
| Please return all correspondence co | oncerning this matter to the following: |
| Marc Beil Name of I | Person |
| melbourne <u>Nevelor</u> Firm/Con | pany |
| 6800 Broken Soun Address | d PKWY NW Ste 200 |
| BOCA Raton FL City/State and | <u>33487</u> 1 Zip Code |
| mbell omarchell. E-mail address: (to be used f | <u>ε.υη</u> or future annual report notification) |
| For further information concerning | g this matter, please call: |
| Marc Bell Name of Person | at (561) 988-1701 Area Code & Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporation 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 | he following amount: |
| ☐ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |

INHS18 (2/14)

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.

| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (b) | 6800 | failing address o | f limited | nd PEWY liability company OFFICE BOX) | NU: |
|--------|---|---------------------|-----------------|-------------------|-----------|---|-----|
| | Suite 200 | _ | Suite | 200 | | | |
| | Buca Ratun FL 33487 | _ | Boca | Ratun, | FL | 33487 | |
| | 1/28/2008 | | 1080 | 000 <u>095</u> | i 8 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document nu | | | |
| 5. (a) | Jo-Jean Figueira Esq. Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of State: | | | | |
| | USOU BIOKEN SOUND PKWY NU Registered Office Address (MUST BE FLORIDA STREET A. | <u>N</u> DDRESS) | | | | 2.29, | |
| | Ske 200 | | | | | 20 | |
| | Boca Raton FL | | | | | P : | |
| (b) | mare Bell | | | | | ن. ن | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered C | Office add | ress: | | | = | |
| | 6800 Broken Sound Pkwy | NW | | | | | |
| | NEW Registered Office Address: | | | | | | |
| | Ske 200 | | | | | | |
| | Boca Raton FL | 2248 | 7 | | | | |

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.

Marcbell- Member Signature of a member or authorized representative of a member 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.

Signature of Registered Agent