108000050597

(Requestor's Name)				
(Address)				
Ad)	dress)			
(Cit	y/State/Zip/Phon	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
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D. BRUCE

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EXAMINER

COVER LETTER

10.	Division of Corporations							
SUB.	JECT: Downtown	Maitla	nd Pro	perty	Owner, LLC			
	Name o	f Limite	d Liabil	ity Cor	npany			
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered	d Office	Change	and fee	e(s) are submitted for	r filing.		
Pleas	e return all correspondence concerning	ng this m	natter to	the fol	lowing:			
	Robert B Reese Name of Person							
	Downtown Maitland Property Ov Firm/Company	wner, LL	_C	_)	10	
	PO Box 478 Address			_		AHASSE	61 AON (
	Winter Park, FL 32790 City/State and Zip Code)				E FLORID	10 NOV 19 PH 12:21	(
						>	_	
	prbender@cfl.rr.com E-mail address: (to be used for future annual repo	rt notificati	on)	_				
For f	urther information concerning this m	atter, ple	ase call	:				
	Patricia Bender	at (_	407		644-5574			
	Name of Person			Area Coo	de & Daytime Telephone Nu	umber		
	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 follow	ving am	ount:					
	✓ \$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 608.416 or 608.508, 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:Downtov	vn Maitland Property Owner, LLC			
2. (a) Principal office address of limited liability company	y: 145 S Orlando Avenue, Suite 8			
(Note: MUST BE STREET ADDRESS)	Maitland, FL 32751			
(b) Mailing address of limited liability company:	PO Box 478			
(Note: MAY BE POST OFFICE BOX)	Winter Park, FL 32790			
March 7, 1005	L08000050597			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	NRAI Services, Inc.			
Registered Office Address:	2731 Executive Park Drive, Suite 4 Weston, FL 33331			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u>	Negistered Office address: Patricia Bender 145 S Orlando Avenue, Suite 8			
(MUST BE FLORIDA STREET ADDRESS)				
	Maitland ,FL 32751			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identified liability company, it is hereby donormed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Robert B Reese Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my portangle of the provisions of the limited liability company.	was/were authorized by an affirmative vote rwise provided in the articles of organization y.			
Signature of Registered Agent				

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