

209000036711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

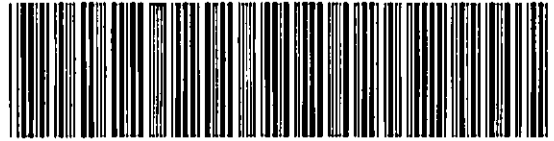
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Micosukee Hills Apartments, Phase II, L.L.C.
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:

Lisa McKnight
Name of Person

Florida Management Associates, Inc.
Firm/Company

P. O. Box 2260
Address

Tallahassee, FL 32316
City/State and Zip Code

lisamcknight21@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa McKnight at (850) 893-7650
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: Miccosukee Hills Apartments, Phase II, L.L.C.

2. (a) 1353 E. Lafayette Street Principal office address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**)
Tallahassee, FL 32301

(b) P. O. Box 2260 Mailing address of limited liability company:
 (Note: **MAY BE POST OFFICE BOX**)
Tallahassee, FL 32316

3. 04/16/2009 Date of filing/registration in Florida

4. L09000036711 Document number

5. (a) W. Robert Olive, Jr.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1353 E. Lafayette Street

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
Tallahassee, FL 32301

(b) Lisa McKnight
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
310 Broward Street
NEW Registered Office Address:
Tallahassee, FL 32301

FILED
 2021 OCT 28 PM 3:00
 SECRETARY OF STATE
 TALLAHASSEE, FL.

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.

W. Robert Olive, Jr. Signature of a member or authorized representative of a member
W. Robert Olive, Jr. 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]
 Signature of Registered Agent