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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)	 .			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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	gistration Section vision of Corporations		, ,		
SUBJECT	Miccosukee Hills Apartments, Ph	ase II, L.L.C.			
	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered (Office Change and f	fee(s) are submitted for filing.		
Please retu	rn all correspondence concerning	this matter to the f	ollowing:		
Lisa McKni	ght				
	Name of Person	<u> </u>	_		
Florida Mar	nagement Associates, Inc.				
	Firm/Company				
P. O. Box 2	260				
	Address		_		
Tallahassee.	, FL 32316				
	City/State and Zip Code	e	_		
lisameknigh	at21@hotmail.com				
E-ma	il address: (to be used for future a	innual report notific	cation)		
For further	information concerning this matt	er, please call:			
Lisa McKni	ght	850 at (893-7650		
	Name of Person		Area Code & Daytime Telephone Number		
Re Di P.0	ailing Address: egistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
En	closed is a check for the followi	ng amount:			
D	\$25 Filing Fee	□ \$5	5 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.

. Na	une of the limited liability company: Miccosukee Hills	Aparti	ment.	ts, Phase II, L.L.C.
. (a)	1353 E. Lafayette Street		(b)	P. O. Box 2260
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tallahassee, FL 32301			Tallahassee, FL 32316
	0.44.6/2000			0000003/711
	04/16/2009		-1-	_09000036711
. (a)	Date of filing/registration in Florida W. Robert Olive, Jr.	4.		Document number
. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 1353 E. Lafayette Street			·
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRI	ESS)	
	Tallahassee, FI	32301		OCT 28 ALLAHAS
(b)	Lisa McKnight			PH 3: 00 ASSEE, FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addı	ress:
	310 Broward Street			· m
	NEW Registered Office Address:			
	Tallahassee , FL	32301		
hange gent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist ability of the l limite	ered com limit d lia	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
	by account the approximation to receive and account and account			

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 Registers Agent