

L1000000 16020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

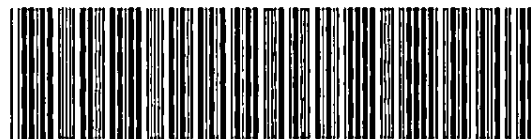
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300344939473

05/26/20--01017--005 **125.00

2020 MAY 26 PM 7:27

RECEIVED
MAY 26 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUMP PALACE 4702, LLC
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:

OLGA I. GALANTER
Name of Person

SUB ROSA LAW PLLC
Firm/Company

1946 TYLER STREET, STE. 9
Address

HOLLYWOOD, FL 33020
City/State and Zip Code

OIG@SUBROSA.LAW
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLGA I. GALANTER 754 260-5398
Name of Person at () 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: TRUMP PALACE 4702, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>18101 COLLINS AVENUE, UNIT 4702</u> <u>SUNNY ISLES, FL 33160</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>18101 COLLINS AVENUE, UNIT 4702</u> <u>SUNNY ISLES, FL 33160</u>
---	---

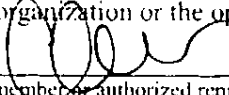
3. <u>02/11/2010</u> Date of filing/registration in Florida	4. <u>L10000016020</u> Document number
--	---

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
SHAWN C. SNYDER
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7931 SW 45 STREET
DAVIE, FL 33328

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
OLGA I. GALANTER
NEW Registered Office Address:
1946 TYLER STREET, STE. 9
HOLLYWOOD, FL 33020

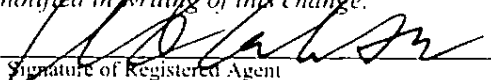
FILED 26 PM 7:27

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.


Signature of a member or authorized representative of a member

SVYATOSLAV MANUSHEN
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