L10 000051931

(Requestor's Name)							
(Address)							
(Address)							
(Albaness)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



800346811248

Ū6/26/20--01020--030 **25.08

2020 JUH 26 PH 5: 22 SECRETARY OF STATE

> D. BRUCE AUG 13 2020

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:			
Name	of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	te Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Thomas J. Dillon, III			
Name of Person			
Dillon Properties, LC			
Firm/Company			
Post Office Box 8441			
Address	S	20	
Richmond, Virginia 23226	TALI	20 يار	
City/State and Zip Code	AHAS	2020 JUH 26	, a
thomdillon@msn.com	<u> </u>	PH	
E-mail address: (to be used for future annu	al report notification)	က်	
For further information concerning this matter, p	please call:	22	
Thomas J. Dillon, III	at ()		
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 a	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.

1. Na	ame of the limited liability company: 11095 2nd Street,	LLC			<u></u>			
2. (a)	2100 East Cary Street	(l	b) _	Post Offic	ce Box 8441			
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	~ <i>)</i> _		Mailing address (Note: MAY)	of limited liabi BE POST OFF		
	Richmond, Virginia 23223	_	- -	Richmond	l, Virginia 2322	26		
	May 13, 2010	_	- i 	.1000005	1931			
3.	Date of filing/registration in Florida	4.			Document nu	umber		
5. (a)	Bruce S. Goldstein				_			
. (.,)	Registered Agent and Registered Office shown on the records of 500 Kennedy Blvd., Suite 200			ept, of Stat	te: 			
	Registered Office Address (MUST BE FLORIDA STREET)	<u> (DDRES:</u>	<u>5)</u>					
	Tampa, FL	33602			- -	SEC	2020 .	
(b)	John F. Bradley	_				RETAI LLAH	2020 JUN 2	1,000 0,000 1,000
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ddr</u>	<u>ess</u> :		ARY CO	6	ं - व्यक्ति
	1217 East Broward Boulevard	_			_		PH 5:	5
	NEW Registered Office Address:						22	
	Fort Lauderdale , FL	33301			_			
change agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin	red om nite	office an pany, it i ed liabilit	nd the business is hereby conf ty company or	s office of th irmed that th	e regisi ie chan	ered ge(s)
	Them & Sile in			as J. Dillo	on, III	_		
_	ature of a member or authorized representative of a member					ed name of sign		
provis the ob to mei	thy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address, I have a change.	ee to ac perform d for in b hereby c	t ir ian Ch ion	this cap ce of my apter 60: firm that	pacity. I furthe duties, and I o 5, F.S. Or, if I the limited lic	er agree to c am familiar this documer ability compo	omply with an out is being only has	with the d accept ing filed been
Signati	ure of Rogistered Agent							

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