

L10000089011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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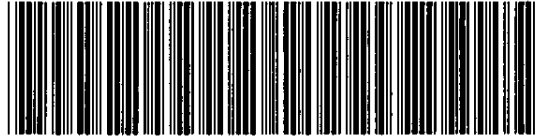
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RECEIVED
2018 APR - 2 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

APR 03 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 142154 5161288

AUTHORIZATION :

COST LIMIT : 625.00

ORDER DATE : April 2, 2018

ORDER TIME : 10:28 AM

ORDER NO. : 142154-005

CUSTOMER NO: 5161288

CHANGE OF AGENT

NAME: OLD PALM REAL ESTATE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Palm Real Estate, 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:

Nicholas Szuch

Name of Person

Clarion Partners

Firm/Company

230 Park Avenue 12th Floor

Address

New York, NY 10169

City/State and Zip Code

nicholas.szuch@clarionpartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Szuch at (212) 883-2534
Name of Person Area Code & Daytime Telephone Number

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 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: Old Palm Real Estate, LLC

2. (a) 11889 Old Palm Drive (b) 11889 Old Palm Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Palm Beach Gardens, FL 33418

Palm Beach Gardens, FL 33418

09/28/2011

L10000089011

3. Date of filing/registration in Florida

4. Document number

5. (a) Darlene Impellittere

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

11889 Old Palm Drive

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Palm Beach Gardens, FL 33418

(b) Corporation Service Company

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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.

/s/ Nicholas Szuch

Nicholas Szuch

Signature of a member or authorized representative of a member

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.

Emily Croft
Signature of Registered Agent

Emily Croft

BY: **Asst. Vice President**

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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DIVISION OF CORPORATIONS
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