

L11 000000 2102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

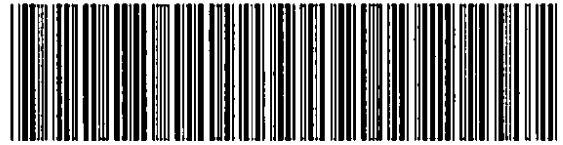
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700346811257

06/26/20--01020--029 **25.00

FILED
2020 JUN 26 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FL

D. BRUCE
AUG 13 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5152 4th Avenue, 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:

Thomas J. Dillon, III

Name of Person

Dillon Properties, LC

Firm/Company

Post Office Box 8441

Address

Richmond, Virginia 23226

City/State and Zip Code

thomdillon@msn.com

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

For further information concerning this matter, please call:

Thomas J. Dillon, III

at (804)

306-6459

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

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUN 26 PM 5:22

FILED

**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: 5152 4th Avenue, LLC

2. (a) 2100 East Cary Street (b) Post Office Box 8441

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Richmond, Virginia 23223

Richmond, Virginia 23226

January 5, 2011

L11000002102

3. Date of filing/registration in Florida

4. Document number

5. (a) Bruce S. Goldstein

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

500 Kennedy Blvd., Suite 200

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

Tampa, FL 33602

(b) John F. Bradley

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

1217 East Broward Boulevard

NEW Registered Office Address:

Fort Lauderdale, FL 33301

FILED
2020 JUN 26 PM 5:22
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.

Thomas J. Dillon, III
Signature of a member or authorized representative of a member

Thomas J. Dillon, III

Printed or typed name of signer

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

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