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SENATOR LAW CENTER

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICES OF STEINBERG & ASSOCIATES, P.A.
Account Number : I19980000080
Phone : (305) 538-2344
Fax Number : (305) 538-0419

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
ONYX 2101 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONYX 2101, 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:

MARK ALHADEFF

Name of Person

THE ALHADEFF LAW GROUP, P.L.

Firm/Company

767 ARTHUR GODFREY ROAD

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

MARK@ALHADEFFLAW.COM

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

For further information concerning this matter, please call:

MARK ALHADEFF

Name of Person

at (305)

538-2344 X-115

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: ONYX 2101, LLC

2. (a) Principal office address of limited liability company: 665 NE 25TH STREET

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

UNIT 2101

MIAMI, FL 33137

(b) Mailing address of limited liability company: 665 NE 25TH STREET

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

UNIT 2101

MIAMI, FL 33137

06/14/2011

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

ARTURO G. VILAS

Registered Office Address:

665 NE 25TH STREET

UNIT 2101

MIAMI, FL 33137

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

NEW Registered Agent:

MARK ALHADEFF

NEW Registered Office Address:

767 ARTHUR GODFREY ROAD

(MUST BE FLORIDA STREET ADDRESS)

MIAMI BEACH

FL 33140

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

Mark Alhadeff

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 608, 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

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

FILING FEE: \$25.00