

L 11 0000 75384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

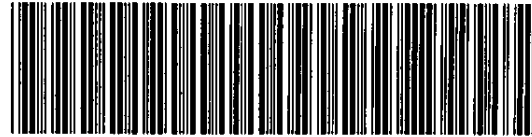
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700256962807

02/21/14--01004--025 **25.00

14 FEB 21 21 02:59
FALL RIVER, MA
RECEIVED

J. Strivers FEB 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casa Nicky 2371, 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:

Mary E. Anderson

Name of Person

Casa Nicky 2371, LLC

Firm/Company

935 Palermo Ave, 1A

Address

Coral Gables, FL 33134

City/State and Zip Code

maryeanderson@aol.com

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

For further information concerning this matter, please call:

Mary ANderson

Name of Person

at (786) 797-2003

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, 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: CASA NICKY 2371, LLC

2. (a) Principal office address of limited liability company: 935 PALERMO AVENUE, 1A
(Note: MUST BE STREET ADDRESS) CORAL GABLES, FL 33134

(b) Mailing address of limited liability company: 935 PALERMO AVENUE, 1 A
(Note: MAY BE POST OFFICE BOX) CORAL GABLES, FL 33134

6/29/2011

L11000075384

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: WASHINGTON, LYNN C

Registered Office Address: 3301 NE 1 ST AVE, SUITE M-501
MIAMI, FL 33137

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

NEW Registered Agent: MARY E ANDERSON

NEW Registered Office Address: 935 PALERMO AVENUE, 1 A
(MUST BE FLORIDA STREET ADDRESS) CORAL GABLES, FL 33134

Coral Gables, FL 33134

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.

Mary E. Anderson
Signature of a member or authorized representative of a member

MARY E. ANDERSON

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.

Mary E. Anderson
Signature of Registered Agent

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

FILING FEE: \$25.00