

L11000082350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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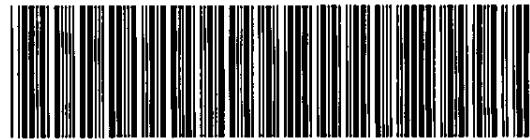
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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7/31/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1950 Presidential Way, 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:

Judd Rowe, Esq.
(Name of Person)

Judd Rowe, P.A.
(Firm/Company)

200 Butler St., Ste. 207
(Address)

West Palm Beach, FL 33407
(City/State and Zip Code)

For further information concerning this matter, please call:

Judd Rowe, Esq. at (561) 366-1355
(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

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STATE OF FLORIDA
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2014

JUDD ROWE, ESQ.
JUDD ROWE, P.A.
200 BUTLER ST., STE 207
WEST PALM BEACH, FL 33407

SUBJECT: 1950 PRESIDENTIAL WAY, LLC
Ref. Number: L11000082350

We have received your document for 1950 PRESIDENTIAL WAY, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Forms must be filed pursuant to 605 and not 608.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 114A00016460

**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: 1950 Presidential Way, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

528 S. Country Club Drive

Atlantis, FL 33462

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

528 S. Country Club Drive

Atlantis, FL 33462

07/18/2011

L11000082350

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:

Christy Brady Janssen, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

120 S. Olive Ave., Suite 504

West Palm Beach, FL 33401

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

Judd Rowe, Esq.

NEW Registered Office Address:

200 Butler St., Ste. 207

West Palm Beach, FL 33407

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.

Cathy W. Shavell

Signature of a member or authorized representative of a member

Cathy W. Shavell

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.

Judd Rowe
Signature of Registered Agent

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

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14 AUG 19 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA