

L11000122904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

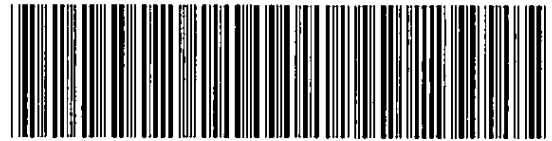
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



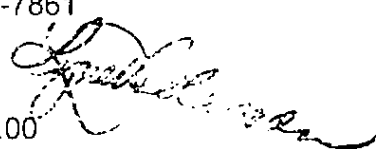
000434692610

RECEIVED
AUG 14 2024
11:07 AM
STATE
OF FLORIDA

RECEIVED
AUG 14 2024
11:07 AM
STATE
OF FLORIDA

RECEIVED
AUG 14 2024
11:07 AM
STATE
OF FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : COA-7861
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : 08/14/2024

ORDER TIME :

ORDER NO. :

CUSTOMER NO:

CHANGE OF AGENT

NAME: Menores Properties, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
___ ☒ ___ PLAIN STAMPED COPY

CONTACT PERSON:

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Menores Properties, 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:

Michelle Youngblood

Name of Person

c/o Menores Properties, LLC

Firm/Company

9515 Deereco Road, Suite 710

Address

Timonium, MD 21093

City/State and Zip Code

michelle@asherassoc.com

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

For further information concerning this matter, please call:

Michelle Youngblood

at (410) 453-6600

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

**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: Menores Properties, LLC

2. (a) <u>610 Madison Street</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>STE 101810</u> <u>Alexandria, Virginia 22314</u>	(b) <u>610 Madison Street</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>STE 101810</u> <u>Alexandria, Virginia 22314</u>
---	---

3. <u>10/27/2011</u> Date of filing/registration in Florida	4. <u>L11000122904</u> Document number
--	---

5. (a) Mark LaBate
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2744 East Commercial Boulevard
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 1000
Ft. Lauderdale, FL 33308

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

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street

Tallahassee, FL 32301

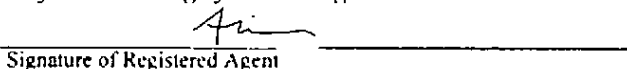
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Michelle Youngblood

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.


Signature of Registered Agent