

# 41000138443

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

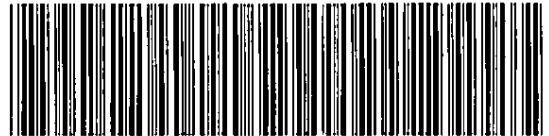
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NOV 04 2020



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 11/03/2020

Name: Chris Vick

Reference #: 1277712

Entity Name: 621 ISLAND, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: \_\_\_\_\_

**CORPORATE HQ**  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
D: +1.212.947.7200  
P: 800.221.0102  
F: 800.944.6607

**EUROPEAN HQ**  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY #301072  
6 LLOYDS AVE, UNIT 4CL  
LONDON EC3N 3AX  
+44 (0)20.3961.3080

**ASIA PACIFIC HQ**  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
UNIT B, 11/F, LIPPO LEIGHTON TOWER  
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Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 621 Island, 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:

Stefano D'Aniello

Name of Person

D'Aniello, PA

Firm/Company

2400 SW 58th Ave.

Address

Miami, FL 33155

City/State and Zip Code

sdaniello@daniellopa.com

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

For further information concerning this matter, please call:

Stefano D'Aniello

Name of Person

at ( 646 ) 715-8865

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 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: 621 Island, LLC

2. (a) 2135 NW 1st Avenue  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Miami, FL 33127

(b) 2135 NW 1st Avenue  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Miami, FL 33127

3. 12/8/2011 Date of filing/registration in Florida

4. L11000138443 Document number

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

2400 SW 58th Ave.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Miami, FL 33155

(b) COGENCY GLOBAL INC.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4  
NEW Registered Office Address:  
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]  
Signature of a member or authorized representative of a member

OSCAR BANNER 1020  
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.*

/s/ Eric Hood, Assistant Secretary

Signature of Registered Agent

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

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2020 NOV -3 AM 8:48  
TALLAHASSEE, FL