

L12000 010 939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

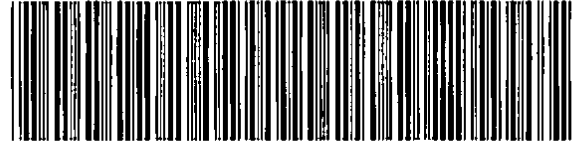
(Business Entity Name)

(Document Number)

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FILED  
2019 AUG 23 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

Y SULKEP  
SEP 04 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** One Aventura Partners 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:

Isaac Wakszol

\_\_\_\_\_  
Name of Person

One Aventura Partners LLC

\_\_\_\_\_  
Firm/Company

20900 NE 30th Avenue

\_\_\_\_\_  
Address

Aventura, Florida 33180

\_\_\_\_\_  
City/State and Zip Code

Isaacve@yahoo.com

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

For further information concerning this matter, please call:

Cecilia Salk

954

399-8121

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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: One Aventura Partners LLC

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
20900 NE 30th Avenue- Suite 310  
Aventura- Florida 33180

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
20900 NE 30th Avenue- Suite 310  
Aventura- Florida 33180

3. 8/20/19 Date of filing/registration in Florida

4. L12000010939 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Atrium Registered Agents, Inc  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8950 SW 4th Court- Miami FL 33156

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

Marta Esrubilsky

NEW Registered Office Address:

20900 NE 30th Avenue - Suite 310

Aventura FL 33180

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TALLAHASSEE, FL

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.

Isaac Wakszol

Signature of a member or authorized representative of a member

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