

L12000 059 241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

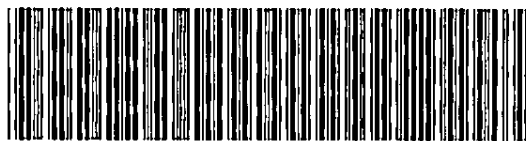
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700334958817

10 1 1 1 -- 01 1 1 1 -- 001 4425.00

S TALLEY

OCT 30 2019

2019 OCT 10 PM 4:33

RECEIVED

R/A-44

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 50 NE 11th Street, 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:

Beth Arici

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

50 NE 11th Street, LLC

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

27 Horseneck Road, 3rd Floor

\_\_\_\_\_  
Address

Fairfield, NJ 07004

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

barici@centerstargroup.com

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

For further information concerning this matter, please call:

Beth Arici

973

575-7935

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: 50 NE 11th Street, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>5817 North Andrews Way, Suite A</u> <u>Fort Lauderdale, FL 33309</u>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>5817 North Andrews Way, Suite A</u> <u>Fort Lauderdale, FL 33309</u>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3. <u>5/2/2012</u> Date of filing/registration in Florida	4. <u>L12000059241</u> Document number
--------------------------------------------------------------	-------------------------------------------


5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Robert T. Shahady, Esq.  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
One West Las Olas Boulevard, Suite 500  
Fort Lauderdale, FL 33301

(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.

<u></u> Signature of member or authorized representative of a member	<u>Beth Arici</u> 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

FILED  
2019 OCT 10 PM 4:33