11200098118

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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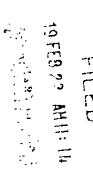
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COVER LETTER

INHS18 (2/14)

	tion Section of Corporations					
SUBJECT: BA	AXTER HILL, LLC					
Name of Limited Liability Company						
Dear Sir or Mada	am:	•				
The enclosed Re	gistered Agent/Registered Office Char	age and fee(s) are submitted for filing.				
Please return all	correspondence concerning this matter	to the following:				
EILEEN M. C	APONE					
	Name of Person	· · · · · · · · · · · · · · · · · · ·				
BAXTER HILL	-, LLC					
	Firm/Company					
350 ROYAL P	ALM WAY, SUITE 501					
	Address					
PALM BEACH	f, FL 33480					
	City/State and Zip Code					
ECAPONE@I		V				
E-mail addr	ess: (to be used for future annual repor	t notification)				
For further inform	nation concerning this matter, please ca	all:				
EILEEN M. CA	PONE 9° at (at (282-3152				
N	ame of Person	Area Code & Daytime Telephone Number				
	COURIER ADDRESS:	MAILING ADDRESS:				
	on Section	Registration Section				
	of Corporations	Division of Corporations				
Clifton Bu	niding cutive Center Circle	P.O. Box 6327				
	ce, Florida 32301	Tallahassee, Florida 32314				
Enclosed	is a check for the following amount:					
☑ \$25 Fil	ing Fee	☐ \$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. N	lame of the limited liability company: BAXTER HILL	L, LLC		
2. (a)	350 ROYAL PALM WAY, SUITE 501	(b) 35	0 ROYAL PALM WAY, SU	ITE 501
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ()	Mailing address of limited liabi	
	C/O INCLENBERG INVESTMENTS	C/0	<u>(Note: MAY BE POST OF 1</u> INCLENBERGINVESTM	
-	PALM BEACH, FL 33480		LM BEACH, FL 33480	
	07/30/2012	L12(000098118	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CHRISTY BRADY JANSSEN, P.A.			
•	Registered Agent and Registered Office shown on the records of the 120 S. OLIVE AVE., SUITE 504 Registered Office Address (MUST BE FLORIDA STREET AL		of State:	
	WEST PALM BEACH , FL 3	33401		1
(b)	CT CORPORATION SYSTEM			FILED
(5)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		= M
	1200 SOUTH PINE ILSAND ROAD			ED ED
	NEW Registered Office Address:			•
	PLANTATION , FL_33	3324		
igent wi was/wer he articl	nited liability company is not organized under the laws of ge or changes are made, the Florida street address of the II be identical. Or, in the case of a Florida limited liabile authorized by an affirmative vote of the members of the sof organization or the operating agreement of the limited limited.	e registered of lity company, the limited lial nited liability	frice and the business office of it is hereby confirmed that the	the registered
	e of a member or authorized representative of a member		Printed or typed name of signee	
ne oblig o merely otified i	accept the appointment as registered agent and agree to so fall statutes relative to the proper and complete per ations of my position as registered agent as provided for reflect a change in the registered office address, I here writing of this change. James Haipin of Registered Agent Assistant Secretary	to act in this of formance of in Chapter to confirm the confirmation confirma	capacity. I further agree to con my duties, and I am familiar wi 605, F.S. Or, if this document i hat the limited liability compan	nply with the th and accept is being filed v has been
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314				

FILING FEE: \$25.00