L12000110502

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		,		





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O SIMMONS DEC 26 2018

COVER LETTER

TO:	TO: Registration Section - Division of Corporations				
SUBJ	Floridian #6 Partners LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to th	ne following:		
Giles	Kibbe				
	Name of Person				
	Pinns/Communi				
	Firm/Company				
500 (Crawford St., Suite 500				
	Address				
Hous	ton, Texas 77002				
	City/State and Zip Code				
gkibb	e@crane-group.com				
I	E-mail address: (to be used for future ann	ual report no	tification)		
For fu	rther information concerning this matter,	please call:			
Giles	Kibbe	409 at (351-4658		
	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	ā	\$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. Na	ame of the limited liability company: Floridian #6 F	artners LLC	
2. (a)	3700 SE Floridian Drive	(b)	
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	Palm City, FL 34990	<u> </u>	
2			
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	GY Corporate Services, Inc		
	Registered Agent and Registered Office shown on the records of 600 Brickell Ave	the Florida Dept. of S	state:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	<u> </u>
	Miami	33131	<u> </u>
			 :::
(b)	Giles Kibbe		<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	2. (
	Floridian Business Office		03
	NEW Registered Office Address:		
	3700 SE Floridian Drive		
	Palm City, FL	34990	
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cley of organization or the operating agreement of the	the registered off ability company, if the limited liabi	ice and the business office of the registered it is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change of this change.	ee to act in this co performance of m I for in Chapter 6 wereby confirm the	apacity. I further agree to comply with the ave duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
Signatur	re of Resiliered Agent		