112000 117707

| (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: |
| |
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| |

Office Use Only



300339878993

01/31/20--01014--018 **25.00

2020 (11/16) 11/10

R. WHITE FEB 2 6 2020 January 27, 2020

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Sirs:

Re: Correction of mistake on 2020 annual report filing 1110-1100 W Flagler St LLC L12000117707

We changed our resident agent for the above LLC and reflected the new name & address in conjunction with the filing of our 2020 annual report. However, a mistake was made when changing the address for the registered agent. We forgot to delete the suite # of the previous registered agent and it is now incorrectly included in the address for the new registered agent. We would just like to delete the suite number from the address for the new registered agent.

I filled out the form that I found on line for changes to registered agent address, but I'm not sure if I need it to correct a mistake such as the one we made. I am enclosing the form anyway and a \$25 check, just in case. Please let me know what we need to do so that the address is correctly reflected.

Thank you.

Sincerely,

Mariann Klotz, Manager 1100-1110 W Flagler St LLC

Magnan Kts

305-342-2448

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

| Divis | sion of Corporations | | | | | |
|--------------------------|--|--|--|--|--|--|
| () # 7 # N P # 1 # 1/#1 | 1100-1110 W Flagler St LLC | | | | | |
| SUBJECT: | Name of Limited Liability Company | | | | | |
| Dear Sir or M | fadam: | | | | | |
| The enclosed | Registered Agent/Registered Office Char | ange and fec(s) are submitted for filing. | | | | |
| Please return | all correspondence concerning this matte | er to the following: | | | | |
| Mariann Klotz | : | | | | | |
| - | Name of Person | | | | | |
| | Firm/Company | | | | | |
| PO Box 43082 | 27 | | | | | |
| | Address | | | | | |
| Miami, FL 33 | 243 | | | | | |
| | City/State and Zip Code | | | | | |
| mariklotz@ao | l.com | | | | | |
| E-mail | address: (to be used for future annual repo | oort notification) | | | | |
| For further in | formation concerning this matter, please | call: | | | | |
| Mariann Klotz | ; 3 at (| 305 342-2448 | | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | | |
| Regi Divi P.O. | ling Address: stration Section sion of Corporations Box 6327 thassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Encl | osed is a check for the following amoun | nt: | | | | |
| S 2 | 5 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.

| | ame of the limited liability company: 1100-1110 W Flagl | | PO Box 430827 | | | | |
|-----------------------------------|---|---|-------------------------------------|--|--|--|--|
| (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ·· | (b) | | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | | |
| | Miami, Fl | | | Miami, F | 1 | | |
| | 33155 | | | 33243 | | | |
| | 9/13/2012 | | [| .1200011 | 7707 | | |
| | Date of filing/registration in Florida | 4. | - | | Document number | | |
| (a) | Jan A Yelen | | | | | | |
| (a) | Registered Agent and Registered Office shown on the records | of the Flo | rida | Dept. of St | ate: | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRI | <u> </u> | | 26 | | |
| | Coral Gables , 1 | FL_33134 | | | 2020 | | |
| (b) | | | | | <u>ω</u> | | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | | | | |
| | | | | | | | |
| | NEW Registered Office Address: | | | | | | |
| | 1104 Ponce De Leon Boulevard | | | | | | |
| | Coral Gables, | FL | | | <u></u> | | |
| ange ent w is/we : artij | mited liability company is not organized under the lor changes are made, the Florida street address of the relation of the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the ure of a member or authorized representative of a member | aws of the regist liability of the limite | he S erec con imi d lia | l office a npany, it ied liabili | nd the business office of the registered is hereby confirmed that the change(sity company or as otherwise provided impany. | | |

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

Signature of Registered Agent