

112000126165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

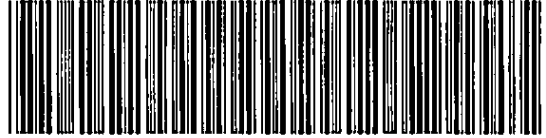
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 24 P 12:25

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10/25/18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2018

kathy moro
7805 SW 6TH COURT
PLANTATION, FL 33324

SUBJECT: SPF ORMOND BEACH MALL, LLC
Ref. Number: L12000126165

We have received your document for SPF ORMOND BEACH MALL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type or print name of signee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 918A00020978

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2018 OCT 24 11:11:00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPF Ormond Beach Mall, 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:

Kathy Moro

Name of Person

Frank Weinberg Black, P.L.

Firm/Company

7805 SW 6th Court

Address

Plantation, FL 33324

City/State and Zip Code

Lynda.Watkins@Stiles.com KMoro@fwblaw.net

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

For further information concerning this matter, please call:

Lynda Watkins

Name of Person

at (954) 627-9350

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 INHS18 (2/14)

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**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.

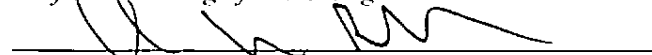
1. Name of the limited liability company: SPF Ormond Beach Mall, LLC
2. (a) ATTN: Lynda Watkins (b) SAME
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
301 E LAS OLAS BLVD
FT. LAUDERDALE, FL 33301
10/02/2012 L12000126165
3. Date of filing/registration in Florida 4. Document number
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
TALLAHASSEE, FL 32301
- (b) FRANK WEINBERG & BLACK P.L.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7805 SW 6th Court
NEW Registered Office Address:
C/O DAVID BLACK, ESQ.
PLANTATION, FL 33324

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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.

 ROBERT ESPOSITO, VP
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

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