Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATION

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LLC REGISTERED AGENT CHANGE 5870 56TH LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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 ovens, or both, in the State of Florida.

	one of the limited liability company: 5870 56TH LL	.C					
	5118 N 56TH STREET	(b)					
. (a) _	Principal office address of limited liability company: (Note: NUST BE STREET ADDRESS)	_ 、	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	TAMPA, FL 33610		<u>TAMPA,</u>	FL 33680			
	04/26/2013	-	L1300006				
3.	Date of filing/registration in Florida	4.		Document number			
	CORPORATION SERVICE COMPANY				ξŽ.	~	
5. (a)	Registered Agent and Registered Office shawn on the records of the	he Florid	la Dept. of State	:	<u> </u>	3	
	1201 HAYS STREET					NO.	
	Registered Office Address IMUST RE FLORIDA STREET	ODRES	<u>'S)</u>		LAHASSTELF	2018 NOV 20	<u>;</u>
	TALLAHASSEE FL	3230	i		OF STATE	AM 10:	
(b)	Entername of NEW Registered Agent and/or NEW Registered Corporate Creations Network Inc.	Office #	ddress:		Ŧ.	2	
	NEW Registered Office Address:						
	11380 Prosperity Farms Road #221E			-			
	Palm Beach Gardens , FI	3341	0	_			
the chapent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the reliability of the left in the l	ne State of Fl gistered offic company, it i imited liabilit d liability cor	s hereby confirmed by company or as ot npany.	that the herwise p	chango movido	(S)
		D	anielle Gos	Ssman, Attorney- Printed or typed mine	-In-Fact		
Sign	rature of a member of authorized epresentative of a member			Printed or types min	eaa ta col	nnlv wi	ih the
I her provi. the ol to me notifi	where of a member of authorized representative of a member above accept the appointment as registered agent and agents of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I see in writing of this change.	ree 19 o e perfor ed for 1 hereby	oct in this cap mance of my n Chapter 60 tonfirm that	pacity. I further up for thirties, and I am fu for firm f	miliar wi acument y compan	th and is being y has b	accepi g filed een
	Danielle Gossman, S	Special	Secretary				