## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000413267 3)))



H230004132673ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## LLC REGISTERED AGENT CHANGE SEMORAN COMMERCENTER PHASE II, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

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DEC 0 5 2023

K. Brumblay

## **COVER LETTER**

	istration Section sion of Corporations			
SUBJECT:	Semoran Commercenter Phase I	I, LLC		
SOBJECT.	Nan	ne of Limited	d Liat	pility Company
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Off	ice Change a	ind fe	e(s) are submitted for filing.
Please return	all correspondence concerning th	is matter to t	he fol	lowing:
Lori Whalen				
	Name of Person			-
Registered A	gent Solutions, Inc.			
	Firm/Company			-
Corporate Ce	enter One, 5301 Southwest Pkwy, Ste	100		
	Address			-
Austin, TX 7	8735			
	City/State and Zip Code			-
E-mail	address: (to be used for future ann	ual report no	otifica	tion)
For further i	nformation concerning this matter,	please call:		
Lori Whalen		888 at (		705-7274
	Name of Person			Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the following	amount:		
<b>-</b> s	25 Filing Fee	٥	\$55	Filing Fee & Certified Copy
INHS18 (2/14	4)			

## 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.

ì.	Na	ame of the limited liability company: Semoran Comm	ercent	er Phase II, L	LC	
2	(a)	1800 Pembrook Drive	(b) 1954 Greenspring Drive			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· -	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		Suite 350		Suite 400		
		Orlando, FL 32810	_	Baltimore,	MD 21093	
		5/10/2013		L13000069	248	
3.		Date of filing/registration in Florida	4.		Document number	
5	(a)					
٠.	(4)	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept. of State	- ::	
		Trac				
		Registered Office Address (MUST BE FLORIDA STREET A	IDDRE	<u>ss</u>	-	
		236 E. 6TH AVE.				
		Tallahassee . FL	3230	3	. 2	
		, t·L_	<del>.</del>		023	
	(b)	Registered Agent Solutions, Inc.	<b>DEC</b>			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	2023 DEC -4			
		00010				
		2894 Remington Green Ln.		<del></del>	PH 2	
		NEW Registered Office Address:			. <u>v</u>	
		Ste. A			<del>-</del>	
		Tallahassee . FL	32308	3		
If	the l	imited liability company is not organized under the law or changes are made, the Florida street address of the	vs of the	ne State of Flo	orida, it is hereby confirmed that after the	
ag wa	ent v is/we	will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	bility of f the li	company, it is mited liability	s hereby confirmed that the change(s) y company or as otherwise provided in	
/s		Jaclyn Wright		aclyn Wright	Authorized Person	
_		ture of a member or authorized representative of a member	_		Printed or typed name of signee	
pr the to	ovisi e obl meri	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	perfori I for in	nance of my a Chapter 605.	tuties, and I am familiar with and accept , F.S. Or, if this document is being filed	
<u>c:</u>	andt:	Mackenzie Hibler, Asst. Secret	tary			
- 31	gnatu	are or registered regent				