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Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (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 5050 AMBASSADOR, LLC

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COV	/ER	1.	ET	TE	R

C	JYERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: 5050 Ambassado	or, LLC
BODGE C1.	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Marian Orași III.	
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	· · · · · · · · · · · · · · · · · · ·
1701 Directors Blvd, Suite 300	
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Mary Castillo	888 705-7274
)
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amou	ent:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

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	nme of the limited liability company: 5050 Ar	nbassador	, LLC		
2. (a)	14405 C W 60 CT		_(b) 14405 S.W. 69 СТ		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX	•	
	PALMETTO BAY, FL 3315	8 PALM	METTO BAY, FL 33		
	9/4/2013	 L1300	00125053	<u> </u>	
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Parr, Mike				
()	Registered Agent and Registered Office shown on the records o	f the Florida Dept, of Sta	— ite:		
	14405 S.W. 69 CT				
	Registered Office Address [MUST BE FLORIDA STREET]	ADDRESS)			
			_ <u>~</u>		
	PALMETTO BAY	ւ33158	63.6		
(b)	Registered Agent Solutions	, Inc.	2020 JUH 15		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:			
	155 Office Plaza Dr.). r 10:		
	NEW Registered Office Address:		90		
	Suite A				
	Tallahassee	_L 32301	_		
the cha	imited liability company is not organized under the la inge or changes are made, the Florida street address of	of the registered offic	ce and the business office of the reg	istered	

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.

1	S/	Karen	COOK		
				 	

Karen Cook

Authorized Person

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 Jamiliar 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

Mackenzie Hart, Asst, Secretary