113000148984

(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:			

Office Use Only



800301489538

07/21/17--01015--007 ++25.00

17 JUL 21 PH 2: 10

O SlivINGONE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: 5600 Condo 14C, 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:				
Todd Kesterson Name of Person				
Name of Person				
Kaufman Rossin				
Kaufman Rossin Firm/Company				
2699 S. Bayshore Drive				
Miami FL /33133 City/State and Zip Code				
Tresterson (2) Kaufmanrossin-com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Todd Kesterson at (305) 646 - 615 7 Name of Person - Area Code & Daytime Telephone Numb				
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 32314 Tallahassee, Florida 32301				
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
☐ \$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.

l. Na	Name of the limited liability company: 5600 Condo 14C L	L C		
2. (a)		Collins Ave #47		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miami Beach FL 33141 Miami	Beach FL 33141		
3.		10148984 ent number		
5. (a)				
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 6396 N Bay Rd M.am, Beach , FL 33/4/	FILED 17 JUL 21 PH 2: 10 DIVISION OF CORPORATIONS		
	Miami FL 33/33			
the cha	c limited liability company is not organized under the laws of the State of Florida, it change or changes are made, the Florida street address of the registered office and the will be identical. Or, in the case of a Florida limited liability company, it is hereby were authorized by an affirmative vote of the members of the limited liability comparticles of organization, of the operating agreement of the limited liability company.	e business office of the registered y confirmed that the change(s)		
_	mature of a member or authorized representative of a member Printed	or typed name of signee		
I herei provisi the obl to mere notified	reby accept the appointment as registered agent and agree to act in this capacity. It is is a similar than the proper and complete performance of my duties, of all statutes relative to the proper and complete performance of my duties, of a bligations of my position as registered agent as provided for in Chapter 605, F.S. Content of the property of	further agree to comply with the and I am familiar with and accep Or, if this document is being filed ited liability company has been		
Signatu	alure of Registered Agoni			
70	TOOD (LETTENSON) FILING FEE: \$25.00	. 32314		