

L13000167257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

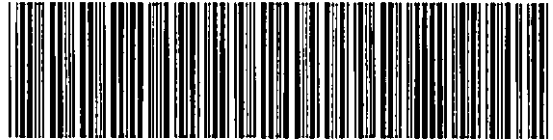
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/15/22 10:00:00 993100

STATE OF FLORIDA
TALLAHASSEE, FL

2022 NOV 22 AM 8:36

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 324 Lofts, 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:

Tam Ward

Name of Person

IWP Family Office

Firm/Company

PO Box 61020

Address

Denver CO 80206

City/State and Zip Code

fillings@iwpfo.com

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

For further information concerning this matter, please call:

Tam Ward

617 794-6783
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 11 02 AM 10:35

November 7, 2022

LEXIE PARKER
IWP FAMILY OFFICE
P.O. BOX 61020
DENVER, CO 80206

SUBJECT: 324 LOFTS, LLC
Ref. Number: L13000167257

We have received your document for 324 LOFTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 122A00024982

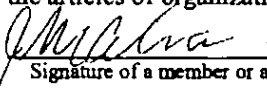
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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: 324 Lofts, LLC
2. (a) 9858 Clint Moore Road
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite C-111, #209
Boca Raton, FL 33496
- (b) PO Box 61020
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Denver CO 80206
3. 12/02/2013
Date of filing/registration in Florida
4. L13000167257
Document number

5. (a) Joshua Abrams
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
9858 Clint Moore Road
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite C-111, #281
Boca Raton, FL 33496
- (b) Joshua Abrams
Enter name of NEW Registered Agent and/or NEW Registered Office address:
9858 Clint Moore Road
NEW Registered Office Address:
Suite C-111, #209
Boca Raton, FL 33496

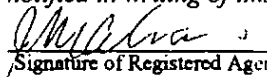
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Joshua Abrams, Manager

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

FILED
2022 NOV 22 AM 8:37
TALLAHASSEE, FL