

L13000167843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 08 2016

COVER LETTER

TO: * Registration Section
Division of Corporations

SUBJECT: Lake Washington Square 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:

Brian Mark

Name of Person

Lake Washington Square LLC

Firm/Company

500 West Cypress Creek Road, Suite 350

Address

Ft. Lauderdale, FL 33309

City/State and Zip Code

brian.mark@avisonyoung.com

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

For further information concerning this matter, please call:

Brian Mark at 954 375-2068
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$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.

1. Name of the limited liability company: Lake Washington Square LLC

2. (a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

500 West Cypress Creek Road, Suite 350

Ft. Lauderdale, FL 33309

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

500 West Cypress Creek Road, Suite 350

Ft. Lauderdale, FL 33309

December 4, 2013

L13000167843

3. _____
Date of filing/registration in Florida

4. _____
Document number

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Avison Young-Property Management (USA)

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

515 E. Las Olas Blvd., Ste 400

Ft. Lauderdale, FL 33301

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Avison Young-Property Management (USA), LLC

NEW Registered Office Address:

500 West Cypress Creek Road, Suite 350

Ft. Lauderdale, FL 33309

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]

Signature of a member or authorized representative of a member

Brian Mark

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]

(Brian Mark, Principal)

Signature of Registered Agent

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2013 JUN -7 P 6:59
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TALLAHASSEE, FLORIDA