

L14000048267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

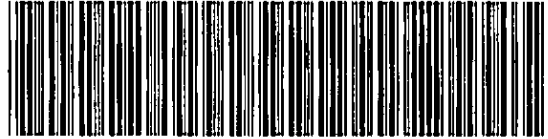
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400398070414

11/28/22--01021--009 **35.00

FILED
2023 MAR -6 AM 9:36
TALLAHASSEE, FL

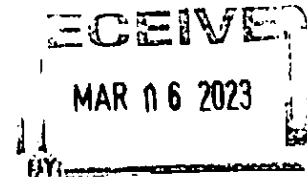


FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2023

PHILLIP SYLVESTER
25 ARVIDA PARKWAY
CORAL GABLES, FL 33156

SUBJECT: SET MIDTOWN LLC
Ref. Number: L14000048267



We have received your document for SET MIDTOWN 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 LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 023A00003962

2023 MAR -6 AM 9:36
FILED

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SET MIDTOWN 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:

PHILIP SYLVESTER
Name of Person

SET MIDTOWN LLC
Firm/Company

25 ARVINA PKWY
Address

FL
CORAL GABLES 33156
City/State and Zip Code

OPS@47@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILIP SYLVESTER at (312) 718 0000
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

FILED
2023 MAR -6 AM 9:36
TALLAHASSEE, FL

**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: SET MIDTOWN LLC
2. (a) 25 Arvida PARKWAY
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Coral Gables, FL. 33156
- (b) 25 ARVIDA PARKWAY
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
CORAL GABLES, FL. 33156
3. 03/24/2014
Date of filing/registration in Florida
4. L14000048267
Document number
5. (a) PHILLIP SYLVESTER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
25 ARVIDA PARKWAY 3801 COLLINS AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
CORAL GABLES #606
Miami Beach, FL. 33156 33140
- (b) PHILLIP SYLVESTER
Enter name of NEW Registered Agent and/or NEW Registered Office address:
25 ARVIDA PARKWAY
NEW Registered Office Address:
Coral Gables, FL. 33156

FILED
2023 MAR -6 AM 9:36
TALLAHASSEE, FL

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

PHILLIP SYLVESTER
Printed or typed name of signer

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]
Signature of Registered Agent