

L14 0000 55150

(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

523-709-



500337460535

12/17/19--01/11/20--012 •••225.00

2020 FEB -3 PM 1:10

02 11 20

GOLDEN

FEB -5 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SH411, 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:

Robert G. Breier

\_\_\_\_\_  
Name of Person

Breier and Seif, P.A.

\_\_\_\_\_  
Firm/Company

18851 NE 29th Avenue, Suite 405

\_\_\_\_\_  
Address

Aventura, FL 33180

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Maria L. Williamson

\_\_\_\_\_  
Name of Person

at ( 305 )

935-0507

\_\_\_\_\_  
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

# BREIER and SEIF, P.A.

18851 NE 29<sup>th</sup> AVENUE, SUITE 405  
AVENTURA, FLORIDA 33180  
PHONE 305-935-0507 • FAX 305-935-0608

ROBERT G. BREIER  
EVAN D. SEIF

January 29, 2020

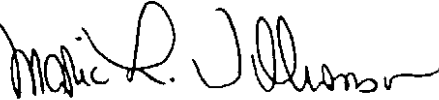
Florida Department of State  
Division of Corporations  
Ms. Claretha Golden  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Completed Forms – Change of Address -Registered Agent

Dear Ms. Golden:

Enclosed are the various forms that have been correct and completed for your review.

Sincerely,



Maria L. Williamson  
Legal Assistant

/mlw  
Enclosures

RECEIVED  
2020 FEB -3 AM 11:02



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2020

ROBERT G. BREIER  
18851 NE 29TH AVENUE  
SUITE 405  
AVENTURA, FL 33180

SUBJECT: SH411, LLC  
Ref. Number: L14000055150

We have received your document and check(s) totaling \$225.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please complete the entire form.

The entity's date of incorporation/organization must be listed in the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 320A00001196

**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: SH411 LLC
2. (a) 9826 West Broadview Dr., Bay Harbor, FL 33154 (b) 9826 West Broadview Dr., Bay Harbor, FL 33154  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 04/03/2014 4. L14000055150  
Date of filing/registration in Florida Document number

5. (a) Robert G. Breier  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Robert G. Breier

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

- (b) Robert G. Breier  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

18851 NE 29th Avenue, Suite 405

Aventura, FL 33180

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

\_\_\_\_\_  
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