4000018126

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		16/21
		9/12/3/1

Office Use Only



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10/11/21--01010--001 **475.00



COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	One Flagler Development Partners, LLC		
		bility Company	
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered Office C	hange and fe	ee(s) are submitted for filing.
Please return	n all correspondence concerning this ma	tter to the fo	ollowing:
Louise Jaffe			
	Name of Person		_
Midgard Ma	nagement, Inc.		
	Firm/Company		_
1475 W. Cyp	oress Creek Road, Suite 202		
	Address		_
Fort Lauderd	late, FL. 33309		
	City/State and Zip Code		_
L.Jaffe@midş	gardmanagement.com		
E-mail	address: (to be used for future annual re	port notifica	ation)
For further is	nformation concerning this matter, pleas	se call:	
Louise Jaffe	at	954	640.0233
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number
Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enel	losed is a check for the following amo	unt:	
= \$:	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.

a) ,	one of the limited liability company: One Flagler Development One Flagler Development 1475 W. Cypress Creek Road		b) Same	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	~/ <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 202			
	Fort Lauderdale, FL. 33309	_		
	05.14.2014		L140000	078126
a)	Date of filing/registration in Florida Cliff Hertz	∜.		Document number
a <i>)</i>	Registered Agent and Registered Office shown on the records of th Nelson Mullins Broad and Cassel	e Florid	a Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET AD One N. Clematis St. #500	DDRES.	5)	_
	West Palm Beach .FL	33401		
p) _	Enter name of NEW Registered Agent and/or NEW Registered ()(C	4	
	360 South Rosemary	лисе щ	aresy:	Mac 1 T
	NEW Registered Office Address:			
	Suite 1410			
	West Palm Beach, , FL	3401		
ge (W Ver	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the line.	egistere ility co the lim	ed office a mpany, it ited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
1	ouie Jalle		\mathcal{A}	Printed or typed name of signee
<	lre of a member or authorized representative of a member		`	ranned or typed fiame of signee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent