

L14000083400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

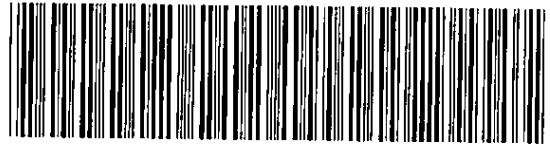
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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LLC RA&RO

Change

FILED
2024 AUG 13 AM 9:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2024 AUG 13 PM 3:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

*02250, 00709, 00524, 00671

CT CORP
(850) 656- 4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 08/13/2024

Acc#120160000072

en: c SW

Name:	Campus Ivy LLC
Document #:	
Order #:	15818463

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2024

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: CAMPUS IVY LLC
Ref. Number: L14000083400

CORRECTED
Please Allow For
Same File Date

We have received your document for CAMPUS IVY LLC and the authorization to debit your account in the amount of \$55.00. However, the document has not been filed and is being returned for the following:

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 fill in the current registered agent in paragraph 5 (a). See attached printout.

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.

Annette Ramsey
OPS

Letter Number: 324A00018047

RECEIVED
2024 AUG 15 AM 10:10
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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: Campus Ivy LLC
2. (a) 7771 W Oakland Park Blvd
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite # 108
SUNRISE, FL 33351
05/22/2014
- (b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

L14000083400
3. Date of filing/registration in Florida
4. Document number

5. (a) Yousefi, Cid
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7771 W Oakland Park Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite # 108

Sunrise, FL 33351

- (b) C T Corporation System

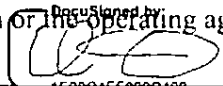
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.



Chris Collins

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.

By: C T Corporation System

Signature of Registered Agent

FILED
2024 AUG 13 AM 9:02
STATE OF FLORIDA
DEPT. OF STATE