44000138436

(Requestor's Name)					
(Address)					
(nucless)					
(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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	11/03/2020	
	Chris Vick	
	#:1277712	
	e: 44	55 REALTY, LLC
	eles of Incorporation/Authoriz	
Ame	endment	
✓ Cha	nge of Agent	
☐ Rein	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized	Amount: \$25.00	<u> </u>

F: 800.944.6607

COVER LETTER

то:		ration Section on of Corporations							
SUBJ	ECT: _		4455	5 Realty	/, <u>L</u> LC				
		Name of Limited Liability Company							
Dear :	Sir or Ma	idam:							
The e	nclosed F	Registered Agent/Registered Offic	ce Chai	nge and	fec(s)	are submitted for filing.			
Please	return a	Il correspondence concerning this	s matte	r to the	followi	ing:			
		Stefano D'Aniello							
		Name of Person							
		D'Aniello, PA							
		Firm/Company			_				
		2400 SW 58th Ave.							
		Address							
		Miami, FL 33155			_				
		City/State and Zip Code							
		sdaniello@daniellopa.com							
	E-mail ac	Idress: (to be used for future annu	ial repo	ort notifi	cation)			
For fu	other info	ormation concerning this matter,	please	call:					
		Stefano D'Aniello	_ at (_	646)	715-8865			
		Name of Person			Area	Code & Daytime Telephone Number			
	Regist Division Cliftor 2661 b	et/Courier address: ration Section on of Corporations n Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclos	sed is a check for the following	amoun	ıt:					
	¥ \$25	Filing Fee		- \$5	5 Filin	ng Fee & Certified Copy			
INHS	18 (2/14)								

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.

(0)			4455	
. (a)	2135 NW 1st Avenue		(b)	2135 NW 1st Avenue
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33127	_		Miami, FL 33127
	9/4/2014	_		L14000138436
•	Date of filing/registration in Florida	4.		Document number
. (a)	Stefano D'Aniello			_
	Registered Agent and Registered Office shown on the records of the 2400 SW 58th Ave. Registered Office Address (MUST BE FLORIDA STREET A			
	Miami , FL		33155	
(b)	COGENCY GLOBAL INC.	3 3 1		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	8: 00 8: 00		
	115 North Calhoun Street, Suite 4	4		_
	NEW Registered Office Address:			_
	Tallahassee , FL_		32301	_
he cha gent v vas/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ibility f the li	gistered offi company, it mited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
				Printed or typed name of signee
l herel rovisi he obl o nere	ture of a member or authorized representative of funember by accept the appointment as registered agent and agree of all statutes relative to this proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. The chood, Assistant Secretary	ee to a perfor I for in hereby	ct in this ca	unacity. I further agree to comply with the
1015				