F14000138893

| (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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SECRETARY OF STATE
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S. WARREN SEP 1 5 2017

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: New Sawgrass One, LLC | |
| | ame of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered C | Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| Tammy Merk | |
| Name of Person | |
| New Sawgrass One, LLC | |
| Firm/Company | |
| 380 Bunker Hill St #101 | |
| Address | |
| Charlestown, MA 02129 | I |
| City/State and Zip Code | |
| tammy@propertunity.us | |
| E-mail address: (to be used for future a | nnual report notification) |
| For further information concerning this matter | er, please call: |
| Tammy Merk | 754 551-8888 |
| Name of Person | 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 | ng amount: |
| ☑ \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÜMITED 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.

| 1101140: | | | | |
|--|--|--|--|--|
| Name of the limited liability company: | New Sawgrass | One, LLC | | · · · · · · |
| 2. (a) | | (b) | | |
| Principal office address of limited lial (Note: MUST BE STREETA) | | (·/) <u></u> | Mailing address of limited liabili (Note: MAY BE POST OFF) | |
| 380 Bunker Hill St 101 | | same a | as principal address | |
| Charlestown, MA 02129 | | | | |
| 09/04/2014 | | | | |
| 3. Date of filing/registration in | Florida | 4. | Document number | |
| 5. (a) Merk, Tammy | | | | |
| Registered Agent and Registered Office show | n on the records of the | Florida Dept. of St | ate: | |
| Registered Office Address (MUST BE F) | ORIDA STREET ADI | DRESS) | _ 글 | - |
| 276 NW 45th Terrace | | | | 7 SI |
| Deerfield Beach | , FL_33 | 3442 | AHAS | FIL P |
| (b) Janet Hernandez | ! | | SEE. OF | FILED SEP 14 AM |
| Enter name of NEW Registered Agent and/t | r <u>NEW Registered Of</u> | fice address: | S A LORIDA | 9: 9: |
| NEW Registered Office Address: | | | _ | |
| 1604 Abaco Drive E2 | | | _ | |
| Coconut Creek | , FL_33 | 3066 | _ | |
| If the limited liability company is not organize the change or changes are made, the Florida agent will be identical. Or, in the case of a F was/were authorized by an affirmative vote of the articles of organization or the operating a | treet address of the lorida limited liabil f the members of th | e registered offic lity company, it ne limited liabili nited liability co | ce and the business office of is hereby confirmed that the ity company or as otherwise | f the registered e change(s) |
| Signature of a member or authorized representative of | ∏ ∬a member | | Printed or typed name of signed | <u> </u> |
| I hereby accept the appointment as registere provisions of all statutes relative to the properties obligations of my position as registered at to merely reflect a change in the registered of notified in writing of this change. | d agent and agree ir and complete per igent as provided fo ffice address, I her | to act in this ca rformance of my or in Chapter 60 eby confirm that | pacity. I further agree to co e duties, and I am familiar w 15, F.S. Or, if this document t the limited liability compa | mply with the vith and accept vis being filed ny has been |
| Signature of Registered Agent | | | | |
| Division of Corpo | rations• P.O. Box | | issee, FL 32314 | |