

L14000/53534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

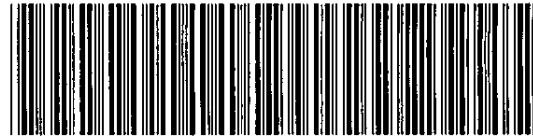
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
15 JAN 12 AM 11:03  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

5102 23 JAN  
T. LEMIEL

ACCOUNT NO. : I20000000195

REFERENCE : 455834 4306525

AUTHORIZATION :

COST LIMIT : \$125,000

ORDER DATE : January 12, 2015

ORDER TIME : 10:06 AM

ORDER NO. : 455834-005

CUSTOMER NO: 4306525

CHANGE OF AGENT

NAME: EE 201-203 9TH AVENUE NE  
HOLDING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EE 201-203 9TH AVENUE NE HOLDING, 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:

JOHN WELDON

Name of Person

SILLS CUMMIS & GROSS, P.C.

Firm/Company

ONE RIVERFRONT PLAZA

Address

NEWARK, NJ 07102

City/State and Zip Code

JWELDON@SILLSCUMMIS.COM

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

For further information concerning this matter, please call:

JOHN WELDON at ( 973 ) 643-6482  
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 amount:**

☒ \$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.*

1. Name of the limited liability company: EE 201-203 9TH AVENUE NE HOLDING, LLC

2. (a) 1133 1/2 BAY STREET NE (b) 1133 1/2 BAY STREET NE  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

ST. PETERSBURG, FLORIDA 33701

ST. PETERSBURG, FLORIDA 33701

10/01/2014

L14000153534

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

5. (a) HALPIN, PATRICK J  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

695 CENTRAL AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 273

ST. PETERSBURG, FL 33701

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301

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

Craig Michaelson

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]  
Signature of Registered Agent Corporation Service Company BY:

Janet Budhu, Asst. Vice President

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

APPROVED  
AND  
FILED  
15 JAN 12 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA