L14000180310					
(Requestor's Name) (Address) (Address)	600397027456				
(City/State/Zip/Phone #)	11/10/2201004099 ···21.00				
PICK-UP WAIT MAIL     (Business Entity Name)     (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	TILED 1027107110 AHII: 22 102710710795ESTATE				
Office Use Only					



## TO: Registration Section Division of Corporations

VIDA AT THE POINT, 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:

David Koster

Name of Person

VIDA DEVELOPMENT GROUP, LLC

Firm/Company

21391 Marina Cove Cir K17

Address

21391 Marina Cove Cir K17

City/State and Zip Code

david@vidadg.com

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

For further information concerning this matter, please call:

David Koster	305 7766308 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
	,

## Enclosed is a check for the following amount:

■ \$25 Filing Fee

## 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.

I. N	ame of the limited liability company:	PMENT	GROUP, LLC	C	
2. (a)	KERRY E ROSENTHAL	(	b)		
(_)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing add	ress of limited liability company: IAY BE POST OFFICE BOX
	21391 Marina Cove Cir K17		21391 Ma	rina Cove (	Cir K17
	Aventura, FL 33180		Aventura,	FL 33180	
	11/13/2014		E14000176	<del>,158</del>	L14000180310
3.	Date of filing/registration in Florida	4.		Documer	nt number
5. (a)	KERRY E ROSENTHAL				
<i>J</i> . (a)	Registered Agent and Registered Office shown on the records o 20900 NE 30TH AVE	f the Flori	la Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET SUITE 600	ADDRE.	<u>SS)</u>	_	2022
	Aventura F	L_33180		_	ی در ۲۰۰۰ میلید میلید. محمدهم دیک ۲۰۰۱ ۲۰۰۰ معلی مسلم مثلید
(b)	DANIEL RENSIMON				ED 10 MIII: 22
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	ddress:	_	EE'S III
	2000 Glades Road			_	22 FL
	NEW Registered Office Address:				
	Suite 312	<u> </u>			
	Boca Raton, F	L		_	
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited l rere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	iws of th e registe iability c of the li	red office an company, it is mited liabilit	d the busi s hereby c y compan	ness office of the registered onfirmed that the change(s)

Signature of a member or authorized representative of a member

David Koster

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. <u>Daniel Bensimon</u>

Signature of Registered Agent

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