

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	🔲 WAIT	MAIL
(D.,		
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	-	
r		
Special Instructions to	Filing Officer:	
L — — — —		

Office Use Only

.



10/01/18--01033--002 **925.00





COVER LETTER

TO: Registration Section Division of Corporations

٩.

SUBJECT: <u>S-New River Residential, LLC</u>

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:

Kathy Moro

Name of Person

Frank Weinberg Black, P.L.

Firm/Company

7805 SW 6th Court

Address

Plantation. FL 33324

City/State and Zip Code

<u>Lynda, Watkins@Stiles.com, KMoro@twblaw.net</u> E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda Watkins Name of Person at (<u>954)_627-9350</u> 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

2010 OCT -1 PH 1: 21

٦.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTHFOR 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: <u>S-New River Residential, LLC</u>

	ATTN: Lynda Watkins	(b) <u>S</u>	аме
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 301 E LAS OLAS BLVD		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FT. LAUDERDALE, FL 33301	_	
	11/24/2014		L14000181550
3.	Date of filing/registration in Florida	4.	Document number
5. (a) CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records of	of the Florida Dep	t. of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	TALLAHASSEEF	L <u>32301</u>	
(b)		L <u>32301</u>	
(b)			
(b)	FRANK WEINBERG & BLACK P.L.		
(b)	FRANK WEINBERG & BLACK P.L. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>		
(b)	FRANK WEINBERG & BLACK P.L. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 7805 SW 6th Court		

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 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.

Signature of Registered Agent

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