## h15000031907

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					

٩



10/26/21--01017--005 \*\*25.00

FILED VALUES AN 7:18

C. BRUMBLEY NOV - 8 2021

## COVER LETTER

TO: Registration Section Division of Corporations

• •

Belmont Porten Properties, LLC
SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

ı

• •

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eric Zamora

Name of Person

Belmont Porten Properties, LLC

Firm/Company

6538 Collins Ave Ste # 458

Address

Miami Beach, FL 33141

City/State and Zip Code

ericzamora@icloud.com

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

For further information concerning this matter, please call:

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

\$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.

(a)	6538 Collins Ave Ste # 458 (b) 6538 Collin			6538 Collins Ave Ste # 458
	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 Beach, FL 33141	·	<u>λ</u>	Miami Beach, FL 33141
	February 20, 2015		- LI	15000031907
	Date of filing/registration in Florida	4.		Document number
. (a) (b)	Corporation Company of Miami			
	Registered Agent and Registered Office shown on the records o	f the Florid	la D	ept. of State:
	200 S Biscayne Boulevard, suite 4100 (DAP)			<b>20</b>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	52	SECRET
	Miami, F	L		26
	Jason Kellogg, Esquire			
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office n	ddr	ess: ~ CO
	Levine, Kellogg, Lehman, Schneider and Grossman LLP			d'b
	NEW Registered Office Address:			
	201 South Biscayne Boulevard, 22nd Floor, Citigroup C			
	Miami . F	L 33131		
ange ent w s/wo	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members cleant organization or the operating agreement of the	e registe iability c of the fir	red :om mite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided i

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

. . •