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(Address)					
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6EP 1 82019

COVER LETTER

TO:

Registration Section

٨.

Divi	ision of Corporations				
SUBJECT:	Aligned Bayshore Managing Member LLC Name of Limited Liability Company				
JOBSECT.					
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change and	I fee(s) are submitted for filing.		
Please return	n all correspondence concerning this	s matter to the	following:		
Aligned Ba	ayshore Managing Member Ll	_C			
	Name of Person		_		
Aligned Ba	ayshore Managing Member Ll	_C			
	Firm/Company		_		
2550 S Ba	ayshore Dr Suite 208				
	Address				
Miami, FL	33133				
	City/State and Zip Code		<u> </u>		
lcuenca@	primemarina.com				
E-mail	address: (to be used for future annu	ual report noti	fication)		
For further i	nformation concerning this matter,	please call:			
Lizeth Cue	enca	305	858-9895		
	Name of Person	(Area Code & Daytime Telephone Numbe		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301	Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 illahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
☑ \$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS18 (2/14	1)				



September 4, 2019

LIZETH CUENCA 2550 S BAYSHORE DR STE 208 MIAMI, FL 33133

SUBJECT: ALIGNED BAYSHORE MANAGING MEMBER LLC

Ref. Number: L15000066464

We have received your document for ALIGNED BAYSHORE MANAGING MEMBER LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 519A00018182

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

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. 8	Name of the limited liability company: Aligned Bays	hore Managing N	Member LLC
2. (a)		(b)	
. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2550 S Bayshore Dr Suite 208	2550 S	Bayshore Dr Suite 208
	Miami, FL 33133	Miami, F	FL 33133
	2/8/2019	L150000	66464
3.	Date of filing/registration in Florida	4.	Documen Frumbe
5. (a	Registered Agent and Registered Office shown on the records of	the Florida Dent of Stat	
	Renae Asher	the Florida Dept. of State	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	- 77
	2550 S Bayshore Dr Suite 208		
	Miami	33133	- t 1
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:	-
	Lizeth Cuenca	TOTICE address.	
	NEW Registered Office Address:		-
	2550 S Bayshore Dr Suite 208		
	Miami , FI	33133	-
the chagent was/v the ar Sign I her provide the obto me.	limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member eby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	f the registered office ability company, it is of the limited liability concluded liab	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany. **MATHER ASSOCIATION OF THE Printed or typed name of signee to comply with the duties and I am Immiliar with and accent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314