

L15000068784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

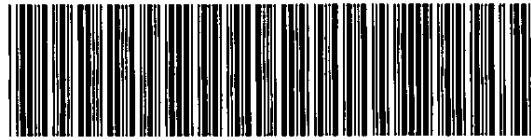
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2015

JOYCE N. HOWARD
1240 NW 68TH STREET
MIAMI, FL 33147

SUBJECT: 518-20, LLC
Ref. Number: L15000068784

We have received your document for 518-20, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 015A00022623

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 518-20, 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:

Joyce Howard
Name of Person

Urban Properties, LLC
Firm/Company

1240 NW 68th St
Address

Miami, FL 33147
City/State and Zip Code

Joycehoward@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Howard at (305) 527-3177
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: 518-20, LLC

2. (a) 1240 NW 68th St
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Miami, FL 33147

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 4/20/2015 Date of filing/registration in Florida

4. L15000068784 Document number

5. (a) INCORP Service LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
17888 67th Ct North
Loxahatchee, FL 33470

(b) Joyce Howard
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1240 NW 68th St
NEW Registered Office Address:
Miami, FL 33147

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TALLAHASSEE, FLORIDA

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

Joyce N. Howard
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

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