## L15000083654

(Requestor's Name)						
(Address)						
,						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(business Enuty Name)						
(Document Number)						
<b>.</b>						
Certified Copies Certificates of Status						
-						
Special Instructions to Filing Officer:						
<u> </u>						

Office Use Only



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## **COVER LETTER**

Divis	sion of Corporations				
SUBJECT:	CHATEAU 502 LLC				
SUBJECT	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and f	Cee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the f	ollowing:		
Kristen Ca	arter				
	Name of Person		_		
Paracorp I	Incorporated				
	Firm/Company		_		
2804 GAT	EWAY OAKS DRIVE #100				
	Address				
SACRAM	ENTO , CA 95833				
	City/State and Zip Code		_		
PARACORP@MYPARACORP.COM			<b>-</b> . ,		
	address: (to be used for future ann		cation)		
For further in	nformation concerning this matter.	, please call:			
KRISTEN		at ( <u>800</u>			
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building I Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
<b>2</b> \$	25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

TO: Registration Section

## 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

1 10/14	ia.				
l. N	ame of the limited liability company: CHATEAU	502 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)	
	3323 NE 163RD STREET, SUITE 403		3323 NE	E 163RD STREET, SUITE 403	
	NORTH MIAMI BEACH, FL 33160		NORTH	MIAMI BEACH, FL 33160	
	5/12/2015		L1500008	33654	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CORPORATE MAINTENANCE SERVICE	ES, LLC			
(-)	Registered Agent and Registered Office shown on the records	s of the Florid	a Dept. of State	· 9:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1000 BRICKELL AVE. STE 400			1000 NAC (1000 N	
	MIAMI	FL_33131		FIL SECRETARY 25 SALLAHASSE	
(b)	SETH G. COHEN, ESQ.			en —	
(-)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			F S	
	GRAYROBINSON, P.A.,			PH 2: 26  E.FLSHE	
	NEW Registered Office Address:			•	
	301 E. PINE ST., STE. 1400				
	ORLANDO	FL 32801			
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of or an exist or the operating agreement of the second street and the content of the operating agreement of the operating ag	s of the regi d liability co rs of the lin the limited	stered office ompany, it is nited liability liability com	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee	
I here provis the ob- to mer	thy accept the appointment as registered agent and a constant of all statutes relative to the proper and completing tions of my position as registered agent as proving reflect a constant of the constant of	agree to ac ete perform ided for in ( , I hereby c	t in this capa ance of my a Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed the limited liability company has been	

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

c

to merely reflect notified in writ

Signature of Registered Agent

is change.