## L15000089110

(Requestor's Name)			
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
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PICK-UP	☐ WAIT	MAIL	
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(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:		
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 17, 2020

Order#: 429080/005

Re: ISABELLE ESTATE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. N	ame of the limited liability company:	ESTATE LI	LC	
2. (a)	8300 Hawthorne Avenue		(b)	1550 Madruga Avenue, Suite 120
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Miarni Beach, FL 33141		-	Coral Gables, FL 33146
	05/20/2015		L	15000089110
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Richard J. O'Hare			
	Registered Agent and Registered Office shown on the record	is of the Flori	ida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRE	<u>SS)</u>	<del></del>
	Coral Gables	. FL_33140	6	
(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office s	addr	ess:
	Corporation Service Company			<del></del>
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee	, FL_32301		
enange agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member celes of organization or the operating agreement of	the registe d liability over ers of the lii	red : comp mite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	orgen Nordlund	Jo	rger	Nordlund, Authorized Person
I here provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	ete perforn ided for in , I hereby o	nanc Cha conf	Printed or typed name of signee  this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been  Service Company
Signatu	re of Registered Agent		_	per, Asst. Vice President