L15000126075

(Requestor's Name)				
(Ac	idress)			
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
Incomple	te			
Office Use Only				



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03/12/18--01030--014 **25.00



K. SALY OCT 24 2018



March 15, 2018

CHAPTER 1 PROPERTY LLC ANTHONY FASANO 401 E LAS OLAS BLVD, STE. 130, BOX 455 FORT LAUDERDALE, FL 33301

SUBJECT: CHAPTER 1 PROPERTY LLC

Ref. Number: L15000126075

We have received your document for CHAPTER 1 PROPERTY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Please complete form and return to 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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00005290

010/00000323

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Chapter 1 Property, LLC			
., ., ., .,		of Limited L	iability Company	
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office	: Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the	following:	
Antho	ony Fasano			
	Name of Person		_	
Chap	oter 1 Property, LLC			
	Firm/Company		_	
401 E	East Las Olas Blvd, Suite 130 Box 4	55		
	Address			
Fort l	Lauderdale, FL 33301			
	City/State and Zip Code	_		
jriolo(@nextchaptertreatment.com			
	E-mail address: (to be used for future annua	l report notif	ication)	
For fu	rther information concerning this matter, pl	ease call:		
Jill Ri	olo	561	563-8405	
	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	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy	
INHS1	8 (2/14)			

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. Na	ame of the limited liability company: Chapter 1 Pro	perty			
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)		
3. 5. (a)	Date of filing/registration in Florida Beighley, Myrick, Udell & Lynne, P.A.	4.	L 1500013 6075 Document number		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	18 OCT 18 PH 12: 0-		
	Boca Raton .FL	33431			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	T 18 PH 12: 07		
	NEW Registered Office Address:				
	2385 FXCCUtive Center	- Driv	e Suite 250		
	boca Raton .FL	334	<u> </u>		
ne cha gent v /as/w	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the register ability comp of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in		
بج	ture of a member or authorized representative of a member	Anthor	ny Fasano		
Signa	ture of a member or authorized representative of a member	<u>-</u>	Printed or typed name of signee		
rovisi he obl o mer	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided Iv reflect a change in the registered office address, I h I in writing of this change.	ee to act in performanc I for in Cha iereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been		
Zinatı	re of Registered Agent				

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