

L15 000 124832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

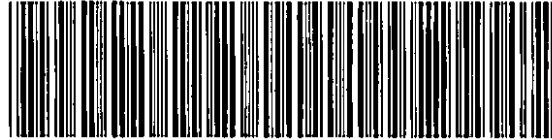
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800301346568

07/17/17--01015--007 \*\*25.00

17 JUL 17 AM 7:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 255 NW 82 ST 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:

MARK T. BERNING  
Name of Person

255 NW 82 ST LLC  
Firm/Company

1602 ALTON RD # 18  
Address

MIAMI BEACH, FL 33139  
City/State and Zip Code

MTBERNING@ME.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK BERNING at ( 312 ) 823 3266  
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: 255 NW 82 ST LLC
2. (a) 255 NW 82 ST  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
MIAMI, FL 33150
- (b) 1602 ALTOW RD #18  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
MIAMI BEACH, FL 33139
3. 7/29/15  
Date of filing/registration in Florida
4. L15000129832  
Document number
5. (a) MARK BERNING  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
1602 ALTOW RD # 599  
MIAMI BEACH, FL 33139
- (b) MARK BERNING  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
9225 COLLINS AVE # 1202  
**NEW Registered Office Address:**  
  
SURFSIDE, FL 33154

17 JUL 17 AM 7:52  
SECRETARY OF STATE  
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

MARK BERNING

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