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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
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(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations		•
SUBJECT: Lispenard 4E LLC		
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registe	red Office Change an	d fee(s) are submitted for filing.
Please return all correspondence concer	ning this matter to the	e following:
Patricia Kennedy		
Name of Perso	n	
Kennedy HoldCo LLC		
Firm/Company		
PO Box 128		2023 DEC 14 MM 10: 21
Address		
S Harwich, MA 02661-0128		214 MID: 21
City/State and Zip	Code	—
finance@capeview.com		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
E-mail address: (to be used for fut	ure annual report not	ification)
For further information concerning this	matter, please call:	
Patricia Kennedy	508 at (776-3391
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the fol	lowing 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.

2. (a)	1560 Lenox Ave		(b)	PO Box 1	128
2 . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit 204				
	Miami Beach, FL 33139			S Harwick	ch. MA 02661-0128
	09/09/2015		L	.15000154	4178
3.	Date of filing/registration in Florida	— 4.	_	_	Document number
5. (a)	Registered Agents Inc				
2. (u)	Registered Agent and Registered Office shown on the records of	f the Flor	ida	Dept. of Sta	tate:
	7901 4th St N Ste 300				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>		
					202
	St Petersburg, F	L_33702	-		2023 DEC 1
(b)	Patricia Kennedy				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	add	ress:	
	1560 Lenox Ave				77 2
	NEW Registered Office Address:				
	Unit 204	_			
	Miami Beach	33139			
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registo iability of the l c limited	erec con imi d lia	l office ar npany, it ted liabili	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ture of a member or authorized representative of a member	_		_ •	Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change	ree to a e perfor ed for it hereby	ict i mai i Cl cor	n this cap ice of my iapter 60 ifirm that	pacity. I further agree to comply with the valuties, and I am familiar with and acce 15, F.S. Or, if this document is being file to the limited liability company has been