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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SPF Gardens Plaza, 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:

Kathy Moro

Name of Person

Frank Weinberg Black, P.L.

Firm/Company

7805 SW 6th Court

Address

Plantation, FL 33324

City/State and Zip Code

Lynda, Watkins@Stiles.com_KMoro@fwblaw.net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynda Watkins Name of Person at (<u>954)_627-9350</u> 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 BOTHFOR 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: <u>SPF Gardens Plaza, LLC</u>

2. (a)	ATTN: Lynda Watkins	(b) <u>S</u>	AME
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 301 E LAS OLAS BLVD		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FT. LAUDERDALE, FL 33301		····
	10/15/2015		L15000175773
	Date of filing/registration in Florida	4.	Document number
. (а (b	CORPORATION SERVICE COMPANY Registered Agent and Registered Office shown on the records 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREE TALLAHASSEE	TADDRESS)	SECRETALLY OF
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ed Office address</u>	
	NEW Registered Office Address:		
	C/O DAVID BLACK, ESQ.		
	PLANTATION	FL 33324	

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 of a member or authorized representative of a member

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 of Registered Agent

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