115000177505

(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



900324611229

03/08/19--01020--020 **300.00

2019 HAR -6 PH 12: 25

Chonsta

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 712 NW 7TH DRIVE 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:						
TERRA SMITH Name of Person						
Firm/Company						
268 NW 11TH ST.						
BOCA RATON FZ 3343 Z City/State and Zip Code						
thresholds 11 Circle Gmail Lom E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Tevra Smith at (561), 542-3735 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 \$ Certified Copy						
INHS18 (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.

I. Na	ime of the limited liability company:712	NW	7TH DRIVE	= 116
2. (a)		(b)	268 NW	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			imited liability company: POST OFFICE BOX
	BUCA RATIN FL 33432	<u> </u>	ROCA RA	
2	10/19/2015	· —		177505
3.	Date of filing/registration in Florida	4 .	Document num	ber
5. (a)	MASSIMILIAND DE BIASE Registered Agent and Registered Office shown on the records of the		of Chatal	
	333 SE MIZNER BLUD	; rionau Depi.	. or suite.	
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)		
	·			
	BOCA RATON .FL	<u>33 4:</u>	32	2019 HAR
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		ASS
	. 268 NW 11TH ST.			PK 12: 25
	NEW Registered Office Address:		 -	20
	BOCA RATON .FL	3343	32_	
the cha	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of eles of a ganization or the operating agreement of the li	he registered fility compar	d office and the busines	ss office of the registered ned that the change(s) otherwise provided in
		<u>mas</u>	SIMILIANO	DEBIASE
I herel provisi the obli to mere notified	ture of a thember or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point ons of my position as registered agent as provided poly reflect a change in the registered office address, I he din the interest of this change.	e to act in the erformance for in Chapt reby confirt	Printed or typed n is capacity. I further of of my duties, and I am ter 605, F.S. Or, if this n that the limited liabi	goree to comply with the