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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Platt Properties 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:
Alexander Platt Name of Person
Platt Properties LLC Firm/Company
6970 NW 26th Way
Boca Raton, FC 33496 City/State and Zip Code
AlexJP14+12@gmail.(om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexander Platt at (154) 592-2371 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:
(D) \$25 Filing Fee \$\square\$ \$55 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.

(a) _		(b)	_			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		tailing address (Note: MAY)		ability company:	_
	6970 NW 26th Way	6970	NW		1	
-	Buca Ratun, FL, 33496	Boca	Ruton		/-	_
-	11-4-2015	L15	00018	6952	7	
	Date of filing/registration in Florida 4.		Document nu	ımber		
(a) _	Platt, Alexander J				. ~	
R	Registered Agent and Registered Office shown on the records of the Flo	rida Dept. of State	:		020	
-					2020 NP &	,
i	Registered Office Address (MUST BE FLORIDA STREET ADDRI	ESS)			· ~)
-	1068 SW 7th St					-
	Boca Raton , FL 3	3486				# #
		• .			-	<u></u>
(b) _	Platt, Alexander J Enter name of NEW Registered Agent and/or NEW Registered Office				nanging Name	2
F.	enter name of NEW Registered Agent and/or NEW Registered Office	address;	(Ju	st Ch	1975175	90
			` /	10+	name	
•	NEW Registered Office Address:					
	6970 NW 26th Wa	. 4				
_	0.17.5	 				
	Boca Ruton ,FL 3	3496				

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