

L15000194829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

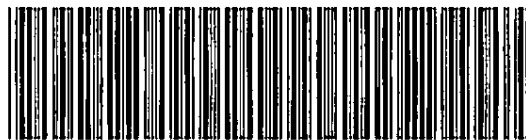
(Business Entity Name)

(Document Number)

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2023 MAR -6 AM 8:35
SIX MONTHS
FALL APPLICANT FILING

A. RIVERS
MAR 14 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SET 36 STREET 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:

PHILLIP SYLVESTER
Name of Person

SET 36 STREET LLC
Firm/Company

25 Arvida Parkway
Address

Coral Gables, FL 33156
City/State and Zip Code

Ops047@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIP SYLVESTER at (312) 718-0000
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SET 36 STREET, LLC

2. (a) 25 ARVIDA PARKWAY (b) 25 Arvida Parkway

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

CORAL GABLES, FL. 33156 coral Gables, FL. 33156

3. 11/18/2015 Date of filing/registration in Florida 4. L15000194829 Document number

5. (a) PHILLIP SYLVESTER Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

3801 COLLINS AVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#600 MIAMI BEACH FL. 33140

(b) PHILLIP SYLVESTER Enter name of NEW Registered Agent and/or NEW Registered Office address:

25 ARVIDA PARKWAY NEW Registered Office Address:

Coral Gables FL. 33156

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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 of a member or authorized representative of a member

PHILLIP SYLVESTER 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.

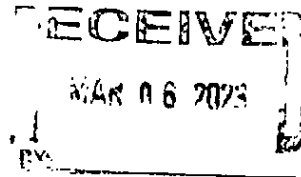
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2023

PHILLIP SYLVESTER
25 ARVIDA PARKWAY
CORAL GABLES, FL 33156



SUBJECT: SET 36TH STREET LLC
Ref. Number: L15000194829

We have received your document for SET 36TH STREET LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a REGISTERED AGENT CHANGE FOR A CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 523A00004246

Division of Corporations
1111 Park Street, Tallahassee, FL 32310

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