

LI6000060633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

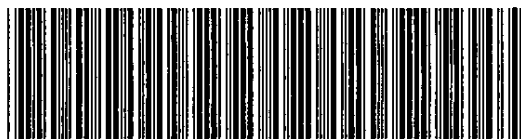
(Business Entity Name)

(Document Number)

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Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2017

GIOLA DE CARLO, ESQ
1341 SW 1ST STREET
MIAMI, FL 33136

SUBJECT: HIGHWAY 17 ARCADIA, LLC
Ref. Number: L16000060633

We have received your document for HIGHWAY 17 ARCADIA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 917A00006243

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIGHWAY 17 Arcadia 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:

GIOIA DECARLO, ESQ.
Name of Person

ESCOBAR + DECARLO, LLC
Firm/Company

1341 SW 1st Street
Address

MIAMI FL 33136
City/State and Zip Code

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

For further information concerning this matter, please call:

GIOIA DECARLO at (305) 324-9823
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

☐ \$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: HIGHWAY 17 ARCAOIA LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

828 NW 9th COURT
MIAMI FL 33136

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

C/O ESCOBAR & DECARLO, LLC
1341 SW 1st STREET
MIAMI FL 33135

3. 3/28/16 Date of filing/registration in Florida 4. L16000060633 Document number

5. (a) EAST HAM LAW OFFICES, P.A.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

138 WEST PALMETTO PARK ROAD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON, FL 33432

(b) ESCOBAR & DECARLO LLC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1341 SW 1st STREET
NEW Registered Office Address:

MIAMI, FL 33135

17 APR 20 PM 2:00
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

GIOIA DECARLO
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] ESQ.
Signature of Registered Agent FOR ESCOBAR & DECARLO, LLC

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

FILING FEE: \$25.00