L16000060797

(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:							





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09/23/22--01032--001 ++575.00

DEC 21 2027,

COVER LETTER

TO:	Registration Section Division of Corporations	• •				
SUBJI	7275 NW I COURT, LLC					
30091		ame of Limited I	Liability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	: following:			
BENJA	AMIN WOLKOV					
	Name of Person					
CALD	ERA LAW					
	Firm/Company					
7293 N	W 2ND AVE					
	Address		<u> </u>			
MIAM	1, FL 33150					
	City/State and Zip Code	<u> </u>				
jesse@	caldera.law					
E	-mail address: (to be used for future a	innual report noti	fication)			
For fur	ther information concerning this matt	er, please call:				
Jesse P	otterveld	786	321-3811			
	Name of Person	at (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		355 Filing Fee & Certified Copy			
INHS18	8 (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.

1. N	ame of the limited liability company: 7275 NW 1 CC	OURT, LLC			
2. (a)		(b)			
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7338 NW MIAMI COURT				
	MIAMI, FL 33150				
	03/22/2016	L	6000060797		
3.	Date of filing/registration in Florida	4.	Document nu	mber	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records AXS LAW GROUP PLLC	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)			
	2121 NW 2ND AVE, SUITE 201			2022	
	MIAMI	33127		2 Star	
	MIAMI	FL			
/L\	RENJAMIN WOLKOV			: 2	
(b)	Enter name of NEW Registered Agent and/or NEW Register	<u>288</u> ;			
				·	
	CALDERA LAW			. 2	
	NEW Registered Office Address:				
	7293 NW 2ND AVE				
	MIAMI	EL 33150			
change agent was/w the art	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the united of a member or authorized representative of a member	laws of the St he registered liability comes of the limite	ate of Florida, it is here office and the business pany, it is hereby confird liability company or sollity company.	office of the registered med that the change(s)	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change.	igree to act in ie performan ded for in Chi I hereby conj	this canacity. I further	r garee to comply with the	