

7/27/2020

Division of Corporations

# Florida Department of State

## Division of Corporations

### Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

### LLC REGISTERED AGENT CHANGE

### POLITAN ROW MIAMI LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
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: Politan Row Miami LLC
2. (a) 140 NE 39TH STREET, SUITE 241, MIAMI, FL 33137  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 2401 St. Claude Avenue, New Orleans, LA 70117  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 10/18/2016 Date of filing/registration in Florida
4. L16000191688 Document number
5. (a) CT CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 S PINE ISLAND RD PLANTATION, FL  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324
- (b) Barre Tanguis  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Macromia Design District LLC  
NEW Registered Office Address:  
140 NE 39TH STREET, SUITE 241  
MIAMI, FL 33137

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.

By: Barre Tanguis  
Signature of a member or authorized representative of a member

Barre Tanguis  
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 understand 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 of this change.*

By: Barre Tanguis  
Signature of Registered Agent

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

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