

L16 000214312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

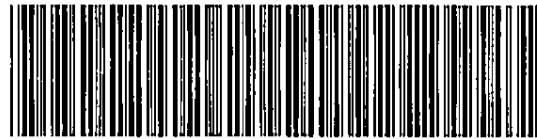
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700353010617

10/02/20--01020--014 **25.00

R. WHITE

NOV 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

2021-0000 - 00000000

SUBJECT: Park Sorrento Investments, 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:

Michael N. Moses

Name of Person

Michaelson Real Estate Group, LLC

Firm/Company

4710 State Road 13 North

Address

Saint Johns, Florida 32259

City/State and Zip Code

mmoses@michaelsongroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Moses

904

880-0000

at (_____) _____

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: Park Sorrento Investments, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
No Change

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
No Change

11/23/2016

L16000214312

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael N. Moses (No change to name of Reg. Agent -- Address change only)

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

OLD ADDRESS

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12443 San Jose Boulevard, Suite 604

Jacksonville, FL 32223

(b) NEW ADDRESS

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

Michael N. Moses (No change to name of Reg. Agent -- Address change only)

NEW Registered Office Address:

4710 State Road 13 North

Saint Johns, FL 32259

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

Michael N. Moses

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

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

FILING FEE: \$25.00