L17000110223

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000110223 3)))

H170001102233ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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 AMND/RESTATE/CORRECT OR M/MG RESIGN
2650SE12PL103, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

RECEIVED
2017 APR 21 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 APR 21 AM 8:16
FILED

Electronic Filing Menu Corporate Filing Menu Help

O SIMMONS
APR 24 2017

04/21/2017 16:37 3056339696 CORP USA PAGE 01/03

+1700011022 3

(3)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2650SE12PL103, 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:

Severine Gianese Pittman
Name of Person

Severine Gianese Pittman, P.A.
Firm/Company

100 North Biscayne Blvd., Ste 3070
Address

Miami, Florida 33132
City/State and Zip Code

sgianese@sgpittman.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Severine Gianese Pittman at (305) 722-5986
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

INHS18 (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. Name of the limited liability company: 2650SE12PL103, LLC

2. (a) 100 North Biscayne Blvd., Ste 3070
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Miami, Florida 33132

(b) 100 North Biscayne Blvd., Ste 3070
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Miami, Florida 33132

3. 02/20/2017
Date of filing/registration in Florida

4. L17000039609
Document number

5. (a) Jean-Louis Narboni
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
764 NE 111 STREET
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
BISCAYNE PARK, FL 33161

(b) Severine Gianese Pittman
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Severine Gianese Pittman, P.A.
NEW Registered Office Address:
100 North Biscayne Blvd., Ste 3070
Miami, FL 33132

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

Fatma Hotait
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

DSHS18 (2/14)

17 APR 21 AM 9:16