## 117000068341

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Dc	ocument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





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2019 JAN 23 PH 1: 56

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## COVER LETTER

Division of Corporations	
SUBJECT: Driftwoods South	2, LLC imited Liability Company
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Sandra Alfano Name of Person	
Driftwoods South 2, LLC Firm/Company	* <del></del>
701 S. Olive Ave, #2011 Address	
West Palm Beach, FL 339 City/State and Zip Code	ort notification)
Salfuno 3@ optonline.n E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	call:
Sandra Alfund at (	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 amou	nt:
MUSANADOR	\$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. Na	me of the limited liability company:Priffwo	oods S	outh2, LLC	<del></del>
2. (a)	701 S. Olive Ave, Apt 2011  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  West Palm Beach, FL 33401		(Note: MAY BE I	Ave, Apt 2011 imited liability company: POST OFFICE BOX  CUCH, FL 33401
3. 5. (a)	March 27, 2017  Date of filing/registration in Florida  United States Corporation A:  Registered Agent and Registered Office shown on the records of the 13302 Winding Oak Ct. A:  Registered Office Address (MUST BE FLORIDA STREETA)	tle Florida Der 4	Document number of State:	
(b)	Tampou .FL  Sundra Alfano Enter name of NEW Registered Agent and/or NEW Registered Question  101 S. Olive Ave # 2011  NEW Registered Office Address:			2019 JAN 23 PH 1: 55
the cha agent v was/we the arti Signat I herei provisi the obli	West Palm Beach. FL.  imited liability company is not organized under the law inge or changes are made, the Florida street address of a vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper of this change.	vs of the Sta the registere ability comp f the limited limited liabi	te of Florida, it is hereby ed office and the busines any, it is hereby confirm liability company or as lity company.  Sandra Alfan Printed or typed not this canacity. I further a	ss office of the registered ned that the change(s) otherwise provided in  O  ame of signee
Signatur	re of Registered Agynt  Division of Corporations • P.O. B	3ox 6327● T	allahassee, FL 32314	

FILING FEE: \$25.00

## 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.

oods South2, LLC	
(b) 701 S. Olive Ave, Apt 20 Mailing address of limited liability company (Note: MAYBE POST OFFICE BOX) West Palm Beach, FL 33	n.
4. Document number  Hearts, Inc. the Florida Dept. of State:  A  ADDRESS)	
. 33612 Office address:	gas
ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registability company, it is hereby confirmed that the change of the limited liability company or as otherwise provided limited liability company.  Sondra Alfano  Printed or typed name of signee  ree to act in this capacity. I further agree to comply with performance of my duties, and I am jamiliar with and a differ in Chapter 605, F.S. Or, if this document is being thereby confirm that the limited liability company has be	stered s) l in
AAI AI	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)  West Palm Beach, FL 33  L17 000068341  4. Document number  Gents. Inc.  Florida Dept. of State:  DIffice address:  33401  so of the State of Florida, it is hereby confirmed that after registered office and the business office of the registility company, it is hereby confirmed that the change (the limited liability company or as otherwise provided mited liability company.  Sandra Alfano  Printed or typed name of signee