

L170000087577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

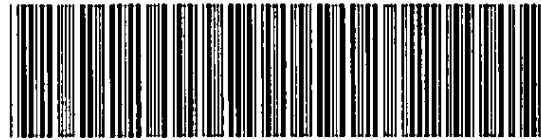
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A. RIVERS

MAR 14 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2101 NEW LIFE 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:

PHILLIP SYLVESTER
Name of Person

2101 NEW LIFE LLC
Firm/Company

25 Arvida Parkway
Address

Coral Gables, FL 33156
City/State and Zip Code

Ops047@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PHILLIP SYLVESTER at (312) 718-0000
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: 2101 NEW LIFE, LLC

2. (a) 25 Arvida Parkway (b) 25 Arvida Parkway
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Coral Gables, FL 33156

Coral Gables, FL 33156

3. 4/18/2017 4. L17000087577
Date of filing/registration in Florida Document number

5. (a) PHILLIP SYLVESTER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3801 COLLINS AVE.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

#6006
MIAMI BEACH FL 33140 (33140)

(b) PHILLIP SYLVESTER
Enter name of NEW Registered Agent and/or NEW Registered Office address.

25 ARVIDA PARKWAY
NEW Registered Office Address:

Coral Gables FL 33156

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DIVISION OF CORPORATIONS - FLORIDA

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] PHILLIP SYLVESTER
Signature of a member or authorized representative of a member 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]
Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2023

PHILLIP SYLVESTER
25 ARVIDA PKWY
CORAL GABLES, FL 33156

SUBJECT: 2101 NEWLIFE LLC
Ref. Number: L17000087577

We have received your document for 2101 NEWLIFE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a STATEMENT OF REGISTERED AGENT CHANGE FOR A CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

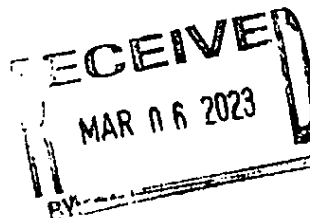
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 523A00004249



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