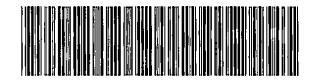
L17000155654

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Belvoir 242 LLC		
	Na	ne of Limited Liability Company	
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	ice Change and fee(s) are submitted	for filing.
Please	return all correspondence concerning the	is matter to the following:	
John	J. Wolfe		
	Name of Person		
Wolfe	e Stevens PLLC		2019
	Firm/Company		2019 J. 11 - 5 W. 11: E. 6
2955	Overseas Hwy.		`` ~
	Address		
Mara	thon, FL 33050		:
	City/State and Zip Code		
bmille	er@ida.net		
I	-mail address: (to be used for future and	ual report notification)	
For fur	ther information concerning this matter	please call:	
John	J. Wolfe	305 743-9858	
	Name of Person		ime 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 Corporation P.O. Box 6327 Tallahassee, Florida 323	s
	Enclosed is a check for the following	amount:	
	2 \$25 Filing Fee	☐ \$55 Filing Fee & Certif	ied Copy

INHS18 (2/14)



January 12, 2019

JOHN J. WOLFE WOLFE STEVENS PLLC 2955 OVERSEAS HWY MARARTHON, FL 33050

SUBJECT: BELVOIR 242 LLC Ref. Number: L17000155654

We have received your document for BELVOIR 242 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Letter Number: 819A00000960

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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: Belvoir 242 L	LC			
2. (a	200 S. Biscayne Blvd.	(b) 20	(h) 200 S. Biscayne Blvd.		
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3/		f limited liability company: E POST OFFICE BOX)	
	Suite 4100 (PAL)	Su	Suite 4100 (PAL) Miami, FL 33131		
	Miami, FL 33131	Mi			
	7/19/2017	L17	000155654		
3.	Date of filing/registration in Florida	4.	Document nui	mber	
5. (a	Corporation Company of Miami				
(.,)	Registered Agent and Registered Office shown on the records of 200 S. Biscayne Blvd.	f the Florida Dept	of State:		
	Registered Office Address (MUST BE FLORIDA STREET Suite 4100 (PAL)	ADDRESSI			
	Miami Fi	33131		F JAN SEGRAL	
(b)				FIL 28	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		<u> </u>	
	2955 Overseas Hwy.			SI HA	
	NEW Registered Office Address:	 -		10 10	
	Marathon , FI	33050			
the chagent was/v	limited liability company is not organized under the la nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the opporating agreement of the	f the registered lability compa of the limited I limited liabil	I office and the busing, it is hereby confir liability company or a lity company.	ess office of the registered med that the change(s)	
Sigr	ature of member or authorized representative of a member	Bruce F	Printed or typed	name of signer	
I her provi the ol to me notifi	eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change	, pertormance	uis capacity. I further	agree to comply with the	

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

HS18 (2/14)