Division of Corporations Electronic Filing Cover Sheet

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(((H210003190913)))



H210003190913ABC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A.

Account Number : 072100000047

Phone

: (561)659-1770

Fax Number

: (561)833-2261

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

jessica-shapiro

LLC REGISTERED AGENT CHANGE 17681 SHETLAND LANE LLC

Certificate of Status	0
Certified Copy	1
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AUG 2 6 2021

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COVER LETTER

Division of Corporations	
17681 Shetland Lane LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Jessica Shapiro	
Name of Person	
Alley, Maass, Rogers & Lindszy, P.A	
Firm/Company	-
340 Royal Poinciana Way, Suite 321	
Address	
Palm Beach, Fl 33480	
City/State and Zip Code	
jessica.shepiro@amrl.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, plea	ase call:
Jessica Shapiro	561 659-1770 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 am	ount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

DocuSign Envelope ID: 20D0698D-A223-44FE-ADB3-52BEEB3F9785

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. N	ame of the limited liability company:	ane LLO	<u>-</u>	
2. (a)	, ,		(b)	
λ. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	siling address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	23 Kipp Rd		23 Kipp Rd	
	Goshen NY 10924		Goshen NY	10924
•	08/02/2017		L1700016542	27
3.	Date of filing/registration in Florida	- 4.		Document number
	Correctly None			
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept, of State	:
				2
	Registered Office Address [MUST BE FLORIDA STREET	ADDRE	<u>722)</u>	2021 AUG 25
				. 6 , 04, 0
	. F	L		25 F C
				♣ SKFr
(b)	Jessica Shapiro			AM IO: 1
` .	Enter name of NEW Registered Agent and/or NEW Registere	ed Office	address:	2821 AUG 25 AM 10: 17
	340 Royal Poinciana Way			
	NEW Registered Office Address:	-		
	Suite 321			-
	Palm Beach, F	33480) 	-
changent was/t	ilimited liability company is not organized under the lege or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the parture.	liability s of the	company, it is limited liability	s hereby confirmed that the change(s) y company or as otherwise provided in ipany. Barbara Ehrhardt
Sig	nature of a member or authorized representative of a member		·	Printed or typed name of signee
I her provide the or to me notif	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and compleibligations of my position as registered agent as provide rely reflect a change in the registered office address, lied in writing of this change.	gree to le perfo ded for I hereb	act in this cape rmance of my in Chapter 605 y confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
	Search (1998)			
១នេះ	active of Registered Agent)			VI 22214