15129570210

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.

(((H24000235453 3)))



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 : REGISTERED AGENT SOLUTIONS INC

Account Number: I20100000062 : (888)705-7274

Fax Number (888)706-7274

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

41	Address:			
mall	Address:			

LLC REGISTERED AGENT CHANGE RF 151ST STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	RF 151ST STREET, LLC					
0000		Name of Limited Liability Company				
Dear Sir	or Madam:					
The enc	losed Registered Agent/Registered	Office Change an	nd fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning	g this matter to th	e following:			
Alicia R	ichards					
	Name of Person					
Register	ed Agent Solutions, Inc.					
	Firm/Company					
Corpora	te Center One, 5301 Southwest Pkwy,	Ste 400				
	Address					
Austin, "	FX 78735					
•	City/State and Zip Coo	le				
E-	mail address: (to be used for future	annual report not	ification)			
For furtl	her information concerning this ma	tter, please call:				
Alicia R	ichards	888 at (705-7274			
	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 follow	ing amount:				
	□ \$25 Filing Fee	<u> </u>	\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

(a)	2999 NE 191st Street		b) 2999 NE	191st Street	
(4)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	STE 800		STE 800		
	Aventura, FL 33180		Aventura.	. FL 33180	
	8/14/2017		L17000173	3458	
	Date of filing/registration in Florida	4.		Document number	
(a)	NRAI SERVICES, INC				
(4)	Registered Agent and Registered Office shown on the reco	ords of the Flori	la Dept, of Sta	nte:	
	1200 S PINE ISLAND RD			. 1	
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRES	<u>:S)</u>		
	PLANTATION	33324			
		, 1° L		TOTAL JULI II AND THE COMMENTS OF THE COMMENTS	
(b)	Registered Agent Solutions, Inc.				-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office a	ddress:		2
	2894 Remington Green Ln.			5.	
	NEW Registered Office Address:	<u>-</u>	•	_	
	Ste. A			_	
	Tallahassee	, FL_32308		_	
ange	imited liability company is not organized under to changes are made, the Florida street address will be identical. Or, in the case of a Florida limit	of the registe ited liability o	red office ar ompany, it i	nd the business office of the registered is hereby confirmed that the change(s)	
is/wc	ere authorized by an affirmative vote of the mem cles of organization or the operating agreement of	ibers of the lii of the limited	nited Habili Jiability coi	ty company of as otherwise provided i	''

Notor Recondo	Victor Recondo	Member	
Signature of a member or authorized representative of a member	Printed	for 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 Jamiliar 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 withing of this change.

Marky dil Mackenzie Hibler, Asst. Secretary Signature of Registered Agent