## 617666174172

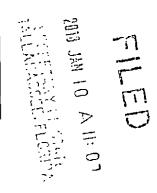
| (                                       | Requestor's Name)       |  |  |  |
|---|-------------------------|--|--|--|
| (Address)                               |                         |  |  |  |
| (                                       | Address)                |  |  |  |
| (                                       | City/State/Zip/Phone #) |  |  |  |
| PICK-UP                                 | WAIT MAIL               |  |  |  |
|   | Business Entity Name)   |  |  |  |
| (Document Number)                       |                         |  |  |  |
| `                                       | ,                       |  |  |  |
| Certified Copies                        | Certificates of Status  |  |  |  |
| Special Instructions to Filing Officer: |                         |  |  |  |
|   |                         |  |  |  |
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Office Use Only



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D. SCOTT



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2017

DIANA WATEROUS CENTORINO, ESQ 1230 SE 4TH AVENUE FORT LAUDERDALE, FL 33316

SUBJECT: 891 SOLAZ LLC Ref. Number: L17000174172

We have received your document for 891 SOLAZ 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 CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00025855

## 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: 891 Solaz V  |  |  |
|--------------------------------|--|--|--|
| 2. (a)                         | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | \ <u>S</u>   | H (wr+, vn+ # 305) tress of limited liability company: LAY BE POST OFFICE BON  |
|                                | Davie, FL 33324 Dav  | i.e, F   | 1 33324  |
|                                | 8 15 17 L1  Date of filing/registration in Florida 4.  | 7000   | 174172   |
| 3.                             | Date of filing/registration in Florida 4.  | Docume   | nt number  |
| 5. (a)                         | CTC management Services LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of  | <br>State:   |  |
|                                | Registered Office Address MUST BE FLORIDA STREET ADDRESS,  | <u>) (</u>   |  |
|                                | Coral Gabies, FL 33134   |  |  |
|                                | , FL   | <del></del>  |  |
| (b)                            | Diana Waterous Centorino, P. 1<br>Entername of NEW Registered Agent and/or NEW Registered Office address:  | <u> </u>   |  |
|                                | 1230 SE 4th Ave<br>NEW Registered Office Address:  |  | TILED AND  |
|                                | Fort Landerdale, FL 33316  | <del></del>  | A D  |
|                                | ,FL  |  | Sale of  |
| the cha<br>agent v<br>was/wg   | imited liability company is not organized under the laws of the State of inge or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability company, we authorized by an affirmative vote of the members of the limited liability of organization of the operating agreement of the limited liability of the operating agreement of the liabi | Florida, it is<br>fice and the l<br>it is hereby c<br>ility compan | hereby confirmed that after pusiness office of the registered onfirmed that the change(s)  |
| Signar                         | Mandella Stand Diana dure of a member or authorized representative of a member   |  | rous Centorino in international internationa |
| provisi<br>the obli<br>to mere | by accept the appointment as registered agent and agree to act in this constant of all statutes relative to the proper and complete performance of a ligations of my position as registered agent as provided for in Chapter (which address, I hereby confirm the first of this change).   | ny duties, im  | d Lam familiar with and accept –   |
| Signator                       | e of Registered Agent  |  |  |

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