L17000191201

8/24/2018 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : GRAYROBINSON, P.A.
Account Number : I19990000047
Phone : (813)273-5000
Fax Number : (813)273-5145

2018 AUG 24 AM 9:11

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

Email Address: andrew@stratford.com

2018 AUG 24 PM 3:39

LLC REGISTERED AGENT CHANGE
THE CROSSING AT 2600 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$25.00

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FAX TRANSMISSION

GRAY|ROBINSON
ATTORNEYS AT LAW
401 EAST JACKSON STREET SUITE 2700
POST OFFICE BOX 3324
TAMPA, FL 33602
PHONE: 813-273-5000
FAX: 813-273-5145

Date: August 24, 2018 **Client-Matter Number:**

To: Division of Corporations **Fax No.:** (850) 617-6383 **Phone No.:**

From: Grant C. Sittig **Phone:** 813-273-5011

Subject: The Crossing at 2600 LLC

Number of Pages with Cover Page: 4

Message:
See attached Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Crossing at 2600 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:

Andrew Gordon
Name of Person

The Crossing at 2600 LLC
Firm/Company

585 Boylston Street, 4th Floor
Address

Boston, MA 02116
City/State and Zip Code

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

2018 AUG 24 AM 9:11

For further information concerning this matter, please call:

Andrew Gordon at (617) 536-0878
Name of Person Area Code & Daytime 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 Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

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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: The Crossing at 2600 LLC

2. (a) 585 Boylston Street
4th Floor
Boston, MA 02116
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 585 Boylston Street
4th Floor
Boston, MA 02116
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 09/13/2017
Date of filing/registration in Florida

4. L17000191201
Document number

5. (a) C T Corporation System
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Road
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Plantation, FL 33324

(b) GrayRobsinson, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Attn: Joseph P. Covelli
NEW Registered Office Address:
401 E. Jackson Street, Suite 2700
Tampa, FL 33602

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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 of a member or authorized representative of a member

Andrew Gordon
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 of Registered Agent

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

INHS18 (2/14)

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