L17000191201

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(Document Number)

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EXAMINER

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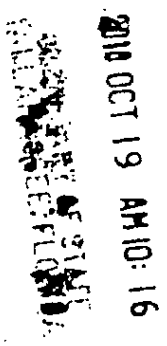
DATE: 10/19/18

NAME: THE CROSSING AT 2600 LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE




ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE Abbie Hodge

# 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:

Brian Patrick
Name of Person

Precision Corporate Services, Inc.
Firm/Company

44 School Street, Suite 325
Address

Boston, MA 02108
City/State and Zip Code

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E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Patrick at (617) 227-2276
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)

# 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 FLR.
Principal office address of limited liability company:
*(Note: MUST BE STREET ADDRESS)*
BOSTON, MA 02116

(b) 585 BOYLSTON STREET, 4TH FLR.
Mailing address of limited liability company:
*(Note: MAY BE POST OFFICE BOX)*
BOSTON, MA 02116

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

4. L17000191201
Document number

5. (a) GRAY ROBINSON, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
401 E. JACKSON STREET, SUITE 2700
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
ATTN: JOSEPH P. COVELLI
TAMPA, FL 33602

(b) TRAC – The Registered Agent Company
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
236 E. 6th Avenue, Tallahassee, FL 32303
**NEW** Registered Office Address:
Tallahassee, FL 32303

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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, Assistant Secretary

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

INHS18 (2/14)