L17000254510

(Requestor's Name)					
(Address)					
(Address)					
(Cid	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					





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08/19/2021 TH

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2021 AUG -6 PM 6:27
SECRETARY OF STAIN

COVER LETTER

Division of Corporations					
SOUTH FLORIDA REALTY PARTN	NERS LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this	matter to the following:				
Melissa Stewart					
Name of Person					
Firm/Company					
PO BOX 39894					
Address					
FORT LAUDERDALE, FL 33339					
City/State and Zip Code					
mstewart2016@gmail.com					
E-mail address: (to be used for future annua	al report notification)				
For further information concerning this matter, p	lease call:				
Melissa Stewart	954 5318838 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 a	mount:				
■ \$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. No	ame of the limited liability company: SOUTH FLORID	A REA	ALTY PART	NERS LLC
2. (a)	2419 E. Commercial Blvd., Suite 101,		(b) P.O. BO	X 39894
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		("/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Lauderdale, FL 33308		Fort Lau	derdale, FL 33339
	12/13/2017	<u> </u>	L1700025	4510
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	STEWART, MELISSA			
	Registered Agent and Registered Office shown on the records of			<u></u>
	Registered Office Address (MUST BE FLORIDA STREET) 3696 NORTH FEDERAL HIGHWAY	<u>ADDRI</u>	ESS)	
	Fort Lauderdale FI	33308		~1 .
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			FILED 2021 AUG -6 PH 6: 2 SECRETARY OF STATALLAHASSEE, FLGER
	NEW Registered Office Address:			
	2419 E. Commercial Blvd., Suite 101			
	Fort Lauderdale , FL	33308		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of cless of organization or the operating agreement of the limited of a member or authorized representative of a member	regist ability of the l limite	ered office a company, it imited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by the reflect a change in the registered office address, I if it writing of this change.	ee to a perfor d for in vereby	nct in this ca mance of m i Chapter 60 confirm tha	nacity. I further goree to comply with the