3/12/2018

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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.

(((H18000080096 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

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number \_

Enter the email address for this business entity to be used for future:

## LLC REGISTERED AGENT CHANGE SOUTH HIGHLAND PLAZA LLC

annual report mailings. Enter only one email address please. \*\*

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

## PLEASE KEEP ORIGINAL FILE

DATE 3/12/2018

Electronic Fifing Menu

Corporate Filing Menu

Help

S. WARREN

MAR 1 4 2018

## 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 (a) Reg	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Copeland Court  elville NY 11747  Date of filing/registration in Florida	   4.	1 Copelar	1Y 11747 1\S
1 (A) Reg	(Note: MUST BE STREET ADDRESS)  Copeland Court  elville NY 11747  [13/2017  Date of filing/registration in Florida		1 Copelar Melville N	(Note: MAY BE POST OFFICE ROX)  IN 11747
12/ a)	olville NY 11747  13/2017  Date of filing/registration in Florida	  4.	Melville N	1Y 11747 1\S
12/ (a)	13/2017  Date of filing/registration in Florida	4,	*****	<u></u>
a)	Date of filing/registration in Florida	 4,		
		4.		
				Document number
	ristered Agent and Registered Office shown on the recurds of	f the Flor	ida Dept. of Sta	
DA	AVIS BASTA LAW FIRM, P.A.			- AR F
Rey	gistered Office Address (MUST BE FLORIDA STREET	ADDRE	<u> 2555</u>	
31	111 U.S. HWY 19 NORTH		<u></u>	ក់។ ព
P/	ALM HARBOR , FI	, 34684	;	T9 3 0
				5 <b>5</b> 5
n)				_
Ente	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office :	address.	
C	T Corporation System		1.	
NE.	W Registered Office Address:			_
120	00 South Pine Island Road			<del>-</del>
۶l۶	antationFI	33324	ļ.	
_		L	··· <del>-</del> ··	-

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