11800000 7637

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

Office Use Only



400322187664

01/07/19--01009--016 **35.00

2019 FEB - 4 AM II: 31 SEASTEAN ASSEE STATE

C. Reithe



January 14, 2019

SCOTT BASSLER 2881 NE 33RD CT #9D FORT LAUDERDALE, FL 33306

SUBJECT: 5416 NE 3RD AVE OAKLAND PARK, LLC

Ref. Number: L18000007637

We have received your document for 5416 NE 3RD AVE OAKLAND PARK, 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 Florida corporation, but your entity is a Florida limited liability company. 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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 119A00001024

COVER LETTER

Division of Corporations				
5416 NE 3rd Ave, Oakland Pa				
Name o	of Limited Liab	ility Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	Change and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this r	natter to the fol	lowing:		
Scott Bassler				
Name of Person				
Firm/Company				
2881 NE 33rd Ct #9D				
Address				
Fort Lauderdale, FL 33306				
City/State and Zip Code				
scottbassler1@gmail.com				
E-mail address: (to be used for future annua	report notifica	ition)		
For further information concerning this matter, pl	ease call:			
Scott Bassler	312 at (502-3230		
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	CJ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursulant 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: 5416 NE 3rd A	ive, Oakland Pa	ark, LLC		
2. (a)	Scott Bassler	(b)			
(a)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2881 NE 33rd CT #9d				
	Fort Lauderdale, FL 33306				
	1-26-29	82-4018	715		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	United States Corporation Agents, INC				
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	13302 Winding Oak Court A				
	Tampa .FL	33612	_		
(b) Scott Bassler					
Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	Scott Bassler				
	NEW Registered Office Address:		_		
	2881 NE 33rd CT #9d		_		
	Fort lauderdale , FL	33306	_		
the cha agent v was/wi	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ha ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the registered offic bility company, it i the limited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
	Cal But	Scott Bassle			
	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here, provisi the obi to meri notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this changen	e to act in this cap performance of my for in Chapter 60 ereby confirm that	vacity. I further agree to comply with the duties, and I am familiar with and accept S, F.S. Or, if this document is being filed the limited liability company has been		
Signation	are of Registered Agent				

Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314
FILING FEE: \$25.00

HS18 (2/14)

SECRED - G AMIL: 3