

L18 0000 41876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

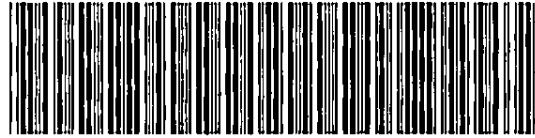
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900350025509

08/13/20--01003--020 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 13 AM 11:12

U. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HALEAH Pura Vida Apartments 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:

Stephen A. Blumenthal
Name of Person

Hialeah Pura Vida Apartments, LLC
Firm/Company

2800 Ponce de Leon Blvd, #1160
Address

CORAL GABLES, FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

VICTOR BROWN at (305) 270-2228 x101
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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 13 AM 11:12

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: HIALEAH PURAVIDA APARTMENTS, LLC
2. (a) 2800 Ponce de Leon Blvd #1160 (b) 2800 Ponce de Leon Blvd, #1160
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134
3. 02/15/2018 4. L18000041876
Date of filing/registration in Florida Document number
5. (a) MELAND RUSSIN + BUDWICK, PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
200 S. Biscayne Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3200
MIAMI, FL 33131, FL 33131
- (b) Stephen A. Blumenthal
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
2800 Ponce de Leon Blvd. #1160
NEW Registered Office Address:
Coral GABLES
, FL 33134

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
20 AUG 13 AM 11:12

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.

X

Signature of a member or authorized representative of a member

STEPHEN A. BLUMENTHAL

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.

X

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00