Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : URS AGENTS LLC Account Number : I20150000127 : (800)567-4397 Phone Fax Number : (800)567-4398

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ••

topaz908@acl.com Email Address:__

LLC REGISTERED AGENT CHANGE **BAYFRONTOASIS450 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

Letter Number: 121A00024360

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October 7, 2021

MEREDITH PARKER WEBER 118 DEEPWATER CIR MANALAPAN, NJ 07226

SUBJECT: BAYFRONTOASIS450 LLC Ref. Number: L18000052841

We have received your document for BAYFRONTOASIS450 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions conceming the filing of your document, please call (850) 245-6050.

Catherine M Brumbley Regulatory Specialist II

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COVER LETTER

	Registration Section Division of Corporations						
SUBJE	BAYFRONTOASIS450 LLC						
0000		Name of Limited Liability Company					
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.				
Please n	etum all correspondence concerning this	s matter to the fo	ollowing:				
MERE	DITH P WEBER						
	Name of Person		_				
BAYFI	RONTOASIS450 LLC						
	Firm/Company		_				
118 D	EEPWATER CIRLE	_	_				
	Address		_				
MANA	LAPAN, NJ 07728		_				
	City/State and Zip Code		_				
•	008@aol.com		- -				
E-	mail address: (to be used for future annu	al report notific	ation)				
For furt	her information concerning this matter.	please call:					
URS A	Agents ATTN Kanetha Bishop	800 at (567-4397				
	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	5 Filing Fee & Certified Copy					
INHS18	(2/14)						

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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.

ı N	ame of the limited liability company:	SIS450	LLC		
2. (a)			(b) <u> </u>	Mai ()	ling address of limited liability company: Note: MAXRE POST OFFICE BOX
	MANALAPAN, NJ 07726				
	02/27/2018	- .	L18	000052841	
3.	Date of filing/registration in Florida	4.		D	ocument number
	Registered Agent and Registered Office shown on the records o WOODS, WEIDENMILLER, MICHETTI&RUDNICK, I Registered Office Address MIST RE FLORIDA STREET 9045 STRADA STELL COURT, 4TH FLOOR	LLP			2021 OCT 2
	NAPLES F	L 34109			FILE ICT 21
(b)	Enter name of NEW Registered Agent and/or NEW Rogisters URS AGENTS, LLC	ed Office	oddra	R :	PM 2: 45
	NEW Registered Office Address:			-	
	3458 LAKESHORE DRIVE				
	TALLAHASSEE, I	L_32312	<u> </u>		
Sign I her provide to me notification	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members nicles of organization or the operating agreement of the nature of a member or authorized representative of a member why accept the appointment as registered agent and a sions of all statutes relative to the proper and completely reflect a change in the registered agent as provided in virtual of this change. Kanatha Bishop, Asst. Security of Registered Agent.	liability of the of the limite gree to le perfo ded for I hereb	complimited list	pany, it is led liability polity comp	nereby confirmed that the change(s) company or as otherwise provided in sany. > 3 a lu / Whi