

LI800000 53408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

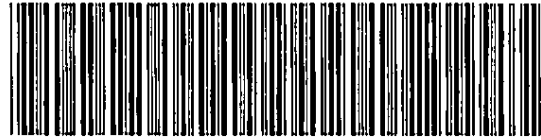
(Business Entity Name)

(Document Number)

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2019 MAR -6 PM 12: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 10 2019
C. J. ...

COVER LETTER

TO: Registration Section
Division of Corporations

2018 MAR -6 PM 12:29
RECEIVED
TALLAHASSEE
DIVISION OF CORPORATIONS

SUBJECT: 244 NW 7 CT LLL
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:

TERRA SMITH
Name of Person

Firm/Company

268 NW 11TH ST.
Address

BOCA RATON, FL 33432
City/State and Zip Code

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

For further information concerning this matter, please call:

Terra Smith at (561) 542-3735
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
- \$55 Filing Fee & Certified Copy

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: 244 NW 7 CT LLL

2. (a) 268 NW 11TH ST. (b) 268 NW 11TH ST.

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

BOCA RATON FL 33432
BOCA

BOCA RATON FL 33432

3. 03/02/2018
Date of filing/registration in Florida

4. 118000053408
Document number

5. (a) MASSIMILIANO DEBIASE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

333 SE MIZNER BLVD.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

BOCA RATON, FL 33432

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

268 NW 11TH ST.
NEW Registered Office Address:

BOCA RATON, FL 33432

2019 MAR -6 PM 12:20
MASSIMILIANO DEBIASE
EAT L ANASSEE T 10PM

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.

[Signature]
Signature of a member or authorized representative of a member

MASSIMILIANO DEBIASE
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.

[Signature]
Signature of Registered Agent