1/27/2020

Division of Corporations



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.

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To:	Division of Corporations			
	Fax Number : (850)617-6383			
From:	A T CORNOLITION	CVETEM		Ė
	Account Name : C T CORPORATION Account Number : FCA000000023	2121EW		- i
	Phone : (614)280-3338			
	Fax Number : (954)208-0845			
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Electronic Filing Menu

Corporate Filing Menu

Help

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JAN 29 2020

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.

i. Nai	me of the limited liability company: CHC-4684 Patter	son Ave Win	ston Salem L	Landco LLC	
L. (a)	, , , , , , , , , , , , , , , , , , , ,				
· (#) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX) 201 MADEIRA AVENUE CORAL GABLES, FL 33134		
	201 MADEIRA AVENUE	2			
	CORAL GABLES, FL 33134				
	3/5/2018	Lì	8000057321		
3.	Date of filing/registration in Florida	- _{4.} -	D	ocument number	
	Jose L Torres, P.A.				
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida D	ept. of State:	2020 JAN 28 SEORETUSY TALLAHUS	
				ALL RE	٠٠٠٠
	Registered Office Address			≥	Martines Martines I
	201 Madeira Avenue			35.50 6 0	}=}-;
	Coral Gables, F	L <u>33134</u>		AMIII: 4 OF STAT SEE, FL	
41 .	C.T. Corporation System			1020 JAN 28 AM II: 41 ECRETAS OF STATE TALLAHUSSEE, FL	C Las
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	578:	·	
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation	L_33324			
the chagent	timited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members sicles of organization or the operating agreement of the	or the regist liability con s of the limit	ipany, it is l ed liability	hereby confirmed that the char company or as otherwise prov	nge(s)
	Matalie Puckary ature of a member or authorized representative of a member		}	Natalie Pickens-Authorized Perso	n
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	. 1 .
the ob	thy accept the appointment as registered agent and a sions of all statutes relative to the proper and comple digations of my position as registered agent as provi- rely reflect a change in the registered office address, act in writing of this zhange.	ded för in C I hereby cor	hapter 605, nfirm that th	city. I further agree to comply uries, and I am familiar with a F.S. Or, if this document is be ne limited liability company he	with the nd accep eing filed is been
By: Signat	T Corporation System Sarah Revelle	-ASSI, Secreta	згу		