118000104421

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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of 8/20/2022

COVER LETTER

	egistration Section Division of Corporations					
SUBJEC	T: Summerland Name	Apartments of Stuart, LLC of Limited Liability Company				
Dear Sir	or Madam:					
The enclo	osed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please ret	urn all correspondence concerning this i	matter to the following:				
	Belcher, Bradle	<u>e</u> y _				
	Firm/Company					
<u> </u>	30 Muplewood DR Address	STE 1				
	City/State and Zip Code	}				
E-11	quer Chorizontil	l report notification)				
For furthe	er information concerning this matter, pl	ease call:				
<u> </u>	ven Belcher Name of Person	at (561) 339-4636 Area Code & Daytime Telephone Number				
F E F	Plailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassec, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
F	Enclosed is a check for the following an	mount:				
□ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)



AUG 1 Z 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2022

BRADLEY BELCHER 480 MAPLEWOOD DRIVE SUITE #1 JUPITER, FL 33458

SUBJECT: SUMMERLAND APARTMENTS OF STUART, LLC

Ref. Number: L18000104421

We have received your document for SUMMERLAND APARTMENTS OF STUART, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 322A00012720

* 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. No	ame of the limited liability company:Sum_	<u>nerlar</u>	nd Apar	tments	of Stua
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	_	plewood ess of limited liabili ay BE POST OFF	ty company:
	Jupiter, FL 33458		Jupite	er FL	33458
	4-30-2018			010442	- 1
3.	Date of filing/registration in Florida	4.	Document	number	
5. (a)	Registered Agent and Registered Office shown on the records of the	50 ne Florida Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	2_	. 21	
				022 i ::	
	Jupiter ,FL	3345	8	2022 AUG 1 2	- 2 · · · · · · · · · · · · · · · · · ·
(b)	Belcher Bradley Enter name of NEW Registered Agent and/or NEW Registered C	Office address:		2 PN 1: 04	آن الله
	480 Maplewood D NEW Registered Office Address:	r. Sui	TE#1	: 04	
	<u>Jupiter</u> , FL	<u> 3345</u>	<u>. 3</u>		
change agent was/w the art	limited liability company is not organized under the laws e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere anthorized by an affirmative vote of the members of folce of organization or the operating agreement of the li	egistered offi oility compan `the limited li	ice and the busing, it is hereby containing the company company.	ess office of the enfirmed that the or as otherwise	registered change(s) provided in
2	ature of a member or authorized representative of a member		GWEA OF !	Belche yped name of signe	<u>e</u>
		u to got in thi			
provis the ob- to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to act in thi erformance of for in Chapte ereby confirm	s capacity. I filr of my duties, and er 605, F.S. Or, I that the limited	Ther ligree to co I am familiar w if this document liability compar	mpty with the ith and accept is being filed ny has been

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