118000/08705

(Re	equestor's Name)					
(Address)						
(Address)						
(Ĉit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						





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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations							
14999 Barletta Way LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning th	nis matter to the following:						
Ellen Rosaler							
Name of Person							
14999 Barletta Way							
Firm/Company							
14999 Barletta Way LLC							
Address							
Delray Beach, FL 33446							
City/State and Zip Code							
eweiner@weiner.law							
E-mail address: (to be used for future and	nual report notification)						
For further information concerning this matter	, please call:						
Ellen Rosaler	561 8665757						
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.

l.	Na	ame of the limited liability company: 14999 Barletta	Way	LLC	
7	(a)	14999 Barletta Way	(b) 14999 Barletta Way		Barletta Way
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Beach, FL 33446
		Delray Beach, FL 33446	-		
		5/1/18		L180001	08705
3.5.	(a)	Date of filing/registration in Florida Ellen Rosaler	4.		Document number
J.	(4)	Registered Agent and Registered Office shown on the records of the 18760 Long Lake Drive	e Florida	i Dept. of Sta	ate:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- Tig. 18	
		Boca Raton , FL	33496	·	FILED
	(b)	Ellen Rosaler			TILED
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		22. 5	
		14999 Barletta Way			7 TO 10
		NEW Registered Office Address:			_
		Delray Beach, FL 3	33446		_
the ag	e cha ent v is/wo e-arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affigmative vote of the members of icles of organization or the operating agreement of the li	he regi pility co the lin	stered offic ompany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
\angle	16	evelm Jeme	Pau	ıl Weiner	
	Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ho I in writing of this change.	e to ac erform for in (ereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent