

L18000127447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

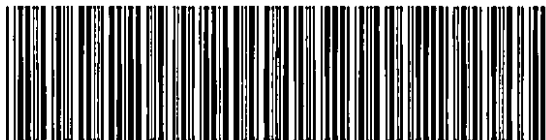
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CLERK OF COURT
TALLAHASSEE FLORIDA

D BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Multifamily Group LLC

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:

Reinaldo Gonzalez

Name of Person

Multifamily Group LLC

Firm/Company

8930 W STATE RD 84 SUITE 125

Address

DAVIE, FL 33324

City/State and Zip Code

Reinaldo@usa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reinaldo Gonzalez

859

321-1282

at (_____) _____

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

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TALLAHASSEE FLORIDA

**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: Multifamily Group LLC

2. (a) Multifamily Group LLC (b) Multifamily Group LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8930 W STATE RD 84 SUITE 125

DAVIE, FL 33324

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8930 W STATE RD 84 SUITE 125

DAVIE, FL 33324

05/23/2018

L18000127447

3. Date of filing/registration in Florida

4. Document number

5. (a) Reinaldo Gonzalez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Reinaldo Gonzalez

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9653 Southern Pines Ct

Davie, FL 33328

(b) Reinaldo Gonzalez

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

Reinaldo Gonzalez

NEW Registered Office Address:

8930 W STATE RD 84 SUITE 125

DAVIE, FL 33324

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TALLAHASSEE FLORIDA

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

08/29/2018
Printed or typed name of signer

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