

L18 000 135 221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

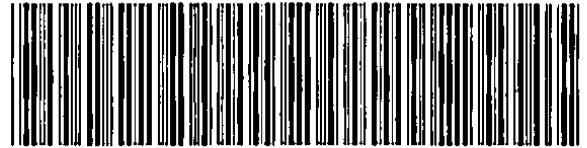
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900331913149

07/22/19--01019--030 **25.00

FILED
2019 JUL 22 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FL

JUL 30 2019
C. Kinser

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Full Circle Miami 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:

Jamie Posner

Name of Person

Full Circle Miami LLC

Firm/Company

9757 Napoli Wood Lane

Address

Delray Beach Florida - FL33446

City/State and Zip Code

jamieposner@outlook.com

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

For further information concerning this matter, please call:

Jamie Posner

at (561)

2217740

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: Full Circle Miami LLC
2. (a) 9757 Napoli Wood Lane
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Delray Beach Florida - FL33446
- (b) 9757 Napoli Wood Lane
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Delray Beach Florida - FL33446
3. 8/30/18
Date of filing/registration in Florida
4. L1800135221
Document number
5. (a) Legalinc Corporate Services Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5237 Summerlin Commons
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 400
Fort Myers, FL 33907
- (b) Jamie Posner
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
9757 Napoli Wood Lane
NEW Registered Office Address:
Delray Beach
Florida, FL 33446

FILED
2019 JUL 22 AM 9:22
TALLAHASSEE, FL

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.

J Posner Signature of a member or authorized representative of a member
Jamie Posner 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.

J Posner
Signature of Registered Agent