118000	154	209

÷

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only

1



09/17/18--01015--007 **25.00

8 FILED

TO: Registration Section Division of Corporations

625 Biltmore Way, LLC SUBJECT:

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:

Manuel Compean

Name of Person

625 Biltmore Way, LLC

Firm/Company

785 Crandon Blvd. Apt. 404

Address

Key Biscayne, FL 33149

City/State and Zip Code

manuel.compean@gmail.com

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

For further information concerning this matter, please call:

Manuel Compean	305 582-7896
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	amount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	ame of the limited liability company:				
2. (a)	David B. Rosemberg PA		(b) David B Rosemberg PA		
• •	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address o	f limited liability company: <u>E POST OFFICE BON</u>)
	18851 NE 29th Ave., Suite 1005		18851 N	NE 29th Ave.	, Suite 1005
	Aventura, FL 33180		Aventur	a FL 33180	
	06/22/2018		L180001	54209	
3.	Date of filing/registration in Florida	4.	<u></u>	Document nu	mber
5. (a)	David B Rosemberg PA				
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat		
	Registered Office Address (MUST BE FLORIDA STREET) 18851 NE 29th Ave. Suite 1005	1DDRE	<u>5.5)</u>	-	
	Aventura Fi	3318	0		: ,
(b)	Manuel Compean Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 625 Biltmore Way, LLC <u>NEW Registered Office Address:</u> 785 Crandon Blvd., Apt. 404	Office :	uddress:	-	
	Key Biscayne	3314	9	_	
the cha agent v was/we	imited liability company it not organized under the lay ange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability of the li limited	gistered offic company, it i mited liabilit l liability cor	e and the busin s hereby confir y company or a npany.	ess office of the registered med that the change(s)
Siana	ure of a member of a uthorized representative of a member	M	anuel Com	pean Printed or typed	
I herei provisi the obl to mere notifiee	by accept the appointment as registered agent and agen ons of all statuter relative to the proper and complete igations of my position as registered agent as provide. Ity reflect a change in the registered office address. I f in writing of this change. The of Registered Agent	perfor d for in hereby	nance of my Chapter 60, confirm that	 acity further	r agree to comply with the
	Division of Corporations• P.O. I	Box 63	27• Tallaha	ssee, FL 32314	ļ

FILING FEE: \$25.00