## U800 201 814

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Eddinoso Zhing Harrie)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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19/07/19--01009--023 ++25.00

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S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	•				
SUBJECT: 33 Palmas Properties, LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning the	his matter to the following:				
Bruce BosTom Name of Person	<del></del>				
BB Palmas Prof Firm/Company	nu Tiel, LLC				
4926 S.W. 32nd Way Address					
For T Lander da le City/State and Zip Code	F1. 33311				
E-mail address: (to be used for future an	nual report notification)				
For further information concerning this matter, please call:					
Bruce Bostom Name of Person	at ( 954 ) 608 - 9484 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				

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.

l. Na	ame of the limited liability company:	Elmas	Properties, LLC
		(b)	<i>y</i>
<u> </u>	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)
	4926 S.W. 32nd Way		Same
	4926 S.W. 32nd Way ForT Landerdak, FL. 3331.	۷	
2	O 8/30/2 ○/8  Date of filing/registration in Florida		18000207814
3.			
5. (a)	SG RegisTere. J Agent LLC Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	f State:
	200 E. Palme To Park R	wal	
	Registered Office Address (MUST BE FLORIDA STREET A		
	SuiTe # 103		-: <del>:</del>
	Boca Raton ,FL		2
(b)	Bruce Bostom		FILED PILED
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	
	1926 S.W. 32 Way NEW Registered Office Address:		FILED FILED
		- <i>i</i>	*
	ForT Landerdale, F.	/	<u></u>
		333/1	) <del></del>
the cha agent v was/we the arti	imited liability company is not organized under the law- inge or changes are made, the Florida street address of to vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	the registered o bility company the limited lia imited liability	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
O.	ture of a member or authorized representative of a member		Printed or typed name of signee
			•
provisi the obl to 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 he I in writing of this change.	ee to act in this performance of for in Chapter ereby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been

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

Signature of Registered Agent