## L1800021075)

(Requestor's Name)									
(Address)									
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(City/State/Zip/Phone #)									
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## COVER LETTER

TO:		tration Section on of Corporations		
SUBJE	ECT:	Chandler Legacy LLC		
	_		Name of Limited	Liability Company
Dear S	ir or Ma	adam:		
The en	iclosed l	Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return a	all correspondence concernir	ng this matter to th	e following:
Alice R	Roweliffe	e		
		Name of Person		<del></del>
Chandl	ler Resid	lential, Inc.		
		Firm/Company		- <del></del>
11719-	B Jeffer	son Ave., Ste. 103		
		Address		<del></del>
Newpo	ort News.	, VA 23606		
	-	City/State and Zip Co	de	
aroweli	iffe@cha	anres.com		
Е	E-mail a	ddress: (to be used for future	annual report not	ification)
For fur	ther inf	ormation concerning this ma	itter, please call:	
Alice R	Rowcliffe	e	757 at (	873-4225
		Name of Person		Area Code & Daytime Telephone Number
	Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclo	sed is a check for the follow	ving amount:	
	<b>■</b> \$25	Filing Fee	0	\$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.

1. N	ame of the limited liability company: Chandler Legac	cy LLC						
2. (a)		ł	(b)					
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		` ,		Mailing address (Note: MAY)	of limited liab	oility co	mpany:
	11719-B Jefferson Ave., Ste. 103			11719-В	Jefferson Ave., S	Ste. 103		
	Newport News, VA 23606			Newport	News, VA 2360	6		
	9/04/2018		I.	,18000210	0751			
3.	Date of filing/registration in Florida	4.	_		Document nu	ımber		
5. (a	)							
	Registered Agent and Registered Office shown on the records of	the Flori	da I	ept. of Sta	ile:			
	Paul C. Jost							
	Registered Office Address (MUST BE FLORIDA STREET	<del></del>						
	1500 Ocean Dr. Unit 1105				_			
	Miami Beach	33139	)					
	,	·- <u>-</u>			_	Ç?	22	
(b)					<del></del>	TAL ECR	20	and the
	Enter name of NEW Registered Agent and/or NEW Registered		2020 JUL 24 SECRETAR) TALLAHA	1				
	address change only					RETARY OF LLAHASSEI	24 1	
	NEW Registered Office Address:		SEE. 2	<b>=</b>				
	354 NE 5th St				_	TAT FL	AM 11: 00	
	Boca Raton FI	3343	2			ריז	0	
					<del>-</del> 			
chang	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	registe	rec	l office ar	nd the business	office of t	he reg	istered
	rere authorized by an affirmative vote of the members of the operating agreement of the					as otherwi	se pro	vided in
	$\sigma_{I} = \sigma_{I} = \sigma_{I}$		• • • • •			6.00	ر ک	
Sign	ature of a member or authorized representative of a member				Printed or types	d name of sig	nee	
provis the ob to mei	Pby accept the appointment as registered agent and agions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is marting of this change.	ree to ac perform ed for in hereby c	et i nar Cl cor	n this cap ice of my iapter 60. ifirm that	pacity. I furthe duties, and I a 5, F.S. Or, if to the limited lia	r agree to un familiar his docume bility comp	compl with a ent is b eany h	w with the ind accept seing filed as been
Signat	ure of Registered Agent							