To.



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Help

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.

2. (a)	19495 BISCAYNE BOULEVARD	(b)	19495 B	SISCAYNE BOULEVARD		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_ (*,		Mailing address of limited lia (Note: MAY BE POST O		
	SUITE 300		SUITE 3	00		
	AVENTURA, FL 33180	_	AVENTI	URA. FL 33180		
	09/13/2018]	.1800021	8668		
3. 5. (a) (b)	Date of filing/registration in Florida CRAIG M. DORNE. PA	4.		Document number		
	Registered Agent and Registered Office shown on the records of the 2655 S. LE JEUNE ROAD	the Florida	Dept. of St	ate:	DIS C	3
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> P112-C	(DDRESS)			B JUN 30 PH 2: 00 CAETARY OF STATE AHASSEELFLORID	
	CORAL GABLES, FL	33134			and 1 1 05 1 105	
	C T Corporation System				0F SIA	5 0
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> .	Officendd	1 <u>899</u> 1	_		>
	NEW Registered Office Address:					
	1200 South Pine Island Road			_		
	Plantation, FL	33324		_		
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o igles of organization or the operating agreement of the	the regist bility cor f the limi	ered offi npany, it ied liabil	ice and the business office is hereby confirmed that lity company or as otherw	e of the register the change(s)	
	ture of a member or authorized hepresentative of a member		a Morgen			
				Printed or typed name of si		

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

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