

L18000243867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

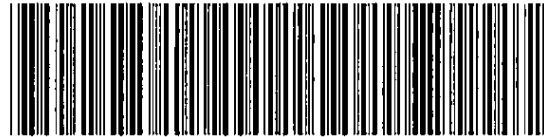
(Business Entity Name)

(Document Number)

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RESUBMIT
Please give original
submission date as file date.

21 MAR 18 3:12 PM
FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 17, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: GRAND PLAZA HOTEL OWNER, LLC
Ref. Number: M18000009786

We have received your document for GRAND PLAZA HOTEL OWNER, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

THE NAME OF THE ENTITY MUST MATCH WITH THE DOCUMENT NUMBER

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 821A00005617

21 MAR 18 4:21 PM

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 706688 7475225

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : March 16, 2021

ORDER TIME : 11:16 AM

ORDER NO. : 706688-005

CUSTOMER NO: 7475225

CHANGE OF AGENT

NAME: ST. PETE MANAGER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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: St. Pete Manager, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2700 Tigertail Ave.

Miami, FL 33133

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2700 Tigertail Ave.

Miami, FL 33133

10/30/2018

L18000243867

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Thomas Bezold

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2700 Tigertail Ave.

Miami, FL 33133

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

Signature of a member or authorized representative of a member

Julie Levitt

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.

Signature of Registered Agent

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