

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DUANE MORRIS LLP
Account Number : I19990000059
Phone : (305) 960-2220
Fax Number : (305) 397-2683

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: YBShwedel@duanemorris.com

LLC REGISTERED AGENT CHANGE
2190 SW 14 TERRACE, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

H18000354690 3

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: 2190 SW 14 Terrace, LLC
2. (a) 500 NW 2nd Avenue
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite #11335
Miami, Florida 33101
- (b) 500 NW 2nd Avenue
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite #11335
Miami, Florida 33101
3. December 11, 2018
Date of filing/registration in Florida
4. L18000283547
Document number
5. (a) Aaron Jordan
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
500 NW 2nd Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite #11335
Miami, FL 33101
- (b) Aaron Jordan
Enter name of NEW Registered Agent and/or NEW Registered Office address:
500 NW 2nd Avenue
NEW Registered Office Address:
Suite #11335
Miami, FL 33101

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.

Aaron Jordan
Signature of a member or authorized representative of a member

Aaron Jordan, Authorized Representative
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.

Aaron Jordan, Registered Agent
Signature of Registered Agent

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

H18000354690 3

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