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(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
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COVER LETTER

FO:	Registration Section Division of Corporations		
SHR.B	510 Owner Project Management LL	.C	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Na:	me of Limite	d Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Of	fice Change	and fee(s) are submitted for filing.
lease	return all correspondence concerning the	is matter to	the following:
Elmar	Benavente		
	Name of Person		
510 Ov	vner Project Management LLC		
	Firm/Company		
150 Ea	st Boca Raton Road		
	Address		
Boca R	laton, FL 33432		
	City/State and Zip Code		
elmar@)hc-design.net		
Ţ.	-mail address: (to be used for future an	nual report n	otification)
or fu	ther information concerning this matter	. please call:	
Elmar	Benavente	561	362-6408
	Name of Person	\	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	g amount:	
,	□ \$25 Filing Fee	C	\$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.

Na	ame of the limited liability company: 510 Owner Project Y	Manag	ement LLC	
(a)	150 E Boca Raton Road, Boca Raton, FL 33432	(b) 150 E Boca	i Raton Road, Boca Raton, FL 33432
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \		Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	December 18, 2018		L180002901;	52
	Date of filing/registration in Florida	4.		Document number
(a)	Elmar Benavente			
()	Registered Agent and Registered Office shown on the records of the	Florid	a Dept. of State:	:
	170 E Boca Raton Road, Suite 1; Boca Raton, FL 33432			
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u>S)</u>	
(b)	, FL			1001 OCT 19 AH 10: 34
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	ffice ac	<u>ldress</u> :	119 #
	NEW Registered Office Address:			
	150 E Boca Raton Road,			3
	Boca Raton, FL 33	432		
nge nt w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the regill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the line	gister lity co he lin nited	ed office and ompany, it is l nited liability lability comp	the business office of the registered hereby confirmed that the change(s) commany or as otherwise provided in
ma	tire of a member or authorized representative of a member	Elm	ar Benavente	Dainta I and the Control of the Cont
				Printed or typed name of signee
visie obli iere	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for the reflect a change in the registered office address, I here it is writing of this change.	io aci rform or in C eby c	in inis capac ance of my di Chapter 605, onfirm that th	tiv. I further agree to comply with the dies, and I am familiar with and accepts. Or, if this document is being filed to limited liability company has been

Division of Corporations

◆ P.O. Box 6327

◆ Tallahassec, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent