

L19000 007 316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

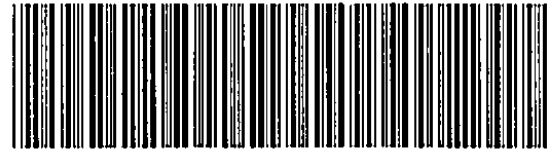
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5500 GULF BLVD #6229 LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAMELA HENRY

Name of Person

5500 GULF BLVD #6229 LLC

Firm/Company

218 E BEARSS AVE, SUITE 411

Address

TAMPA, FL 33613

City/State and Zip Code

JOHNHENRYSCULPTOR @GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE BROOKER

at (352)

777-4132

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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 Florida.

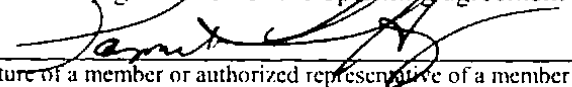
1. Name of the limited liability company: 5500 GULF BLVD #6229 LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
218 E BEARSS AVE, SUITE 411
TAMPA, FL 33613
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 01/04/2019 Date of filing/registration in Florida
4. L190000007316 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NRAI SERVICES, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
PAMELA HENRY
NEW Registered Office Address:
218 E BEARSS AVE, SUITE 411
TAMPA, FL 33613

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TALLAHASSEE
SECRETARY OF STATE
FALL

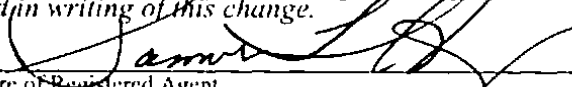
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

PAMELA HENRY

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