## 119000019984

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
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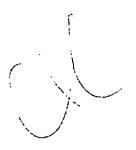
Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 220FTL - LTPJ LLC<br>SUBJECT:  |  |  |  |  |  |  |  |
| Name of Limited Liability Company  |  |  |  |  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |  |  |  |
| The enclosed Registered Agent/Registered Office Cl   | hange and fee(s) are submitted for filing.   |  |  |  |  |  |  |
| Please return all correspondence concerning this mat   | tter to the following:   |  |  |  |  |  |  |
| JULIAN LEVITT  |  |  |  |  |  |  |  |
| Name of Person   | <del></del>  |  |  |  |  |  |  |
| 220FTL - LTPJ LLC  | 2022   |  |  |  |  |  |  |
| Firm/Company   | 2022 A!IG  |  |  |  |  |  |  |
| 600 W. HILLSBORO BLVD., STE 300  | . 26   |  |  |  |  |  |  |
| Address  | ———— PH  |  |  |  |  |  |  |
| DEERFIELD BEACH, FL 33441  | PH 12: 08  |  |  |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |  |  |  |
| LEGAL@HATTONLAW.COM  |  |  |  |  |  |  |  |
| E-mail address: (to be used for future annual re   | eport notification)  |  |  |  |  |  |  |
| For further information concerning this matter, pleas  | se call:   |  |  |  |  |  |  |
| JULIAN LEVITT  | 954 281-3739   |  |  |  |  |  |  |
| 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 amount   | unt:   |  |  |  |  |  |  |
| ■ \$25 Filing Fee  | ☐ \$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.

| 1. N  | ame of the limited liability company: 220FTL - LTPJ  | LLC   |   |   |                                   |                                |
|---|--|---|---|---|-----------------------------------|--------------------------------|
| 2 (a)   | <u></u>  | 1   | b)  |   |                                   |                                |
| 2. (a)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | \   |   | failing address of limited  <br>(Note: MAY BE POST)                   |                                   | •                              |
|   | 600 W. HILLSBORO BLVD, STE 300   |   | 600 W. HII  | LSBORO BLVD, STE  | 300                               |                                |
|   | DEERFIELD BEACH, FL 33441  |   | DEERFIEL  | D BEACH, FL 33441   |                                   |                                |
|   | 01/17/2019   |   | L190000199  | 984   |                                   |                                |
| 3.  | Date of filing/registration in Florida   | —<br>4.   |   | Document number   |                                   |                                |
| 5. (a)  |  |   |   |   |                                   |                                |
| J. (a)  | Registered Agent and Registered Office shown on the records of   | of the Florid   | a Dept. of State                                  | :   |                                   |                                |
|   | ILLAN ROMANO   |   |   |   |                                   |                                |
|   | Registered Office Address (MUST BE FLORIDA STREET  | TADDRES   | <u>S)</u>   |   |                                   |                                |
|   | 600 W. HILLSBORO BLVD, STE 300   |   |   |   |                                   |                                |
|   | DEERFIELD BEACH , F  | 33441   |   |   |                                   |                                |
|   |  |   |   |   | 2022 AUG                          |                                |
| (b)   | Enter name of NEW Registered Agent and/or NEW Registered   |   |   |   | 2 A!                              | - <b>≂</b> 1                   |
|   | Enter name of NEW Registered Agent and/or NEW Registered   | ed Office a   | <u>idress</u> :                                   |   | . S.                              | - j                            |
|   | DAVID HATTON   |   |   |   | 26 F                              | `- <del></del>                 |
|   | NEW Registered Office Address:   | -   |   |   |                                   | "ს"ქ<br>⁻===ე                  |
|   | 2960 WENTWORTH   |   |   |   | PM 12: 08                         |                                |
|   | WESTON   | FL 33332  |   |   | æ                                 |                                |
| change<br>agent<br>was/w                        | limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the<br>ne register<br>liability co<br>s of the lin<br>ne limited | ed office and<br>ompany, it is<br>nited liability | the business office o<br>hereby confirmed that<br>company or as other | f the registere<br>it the change( | ed<br>s)                       |
| Signa   | ature of a member or authorized representative of a member   | <u> </u>  |   | Printed or typed name of  | sionee                            |                                |
| I here<br>provis<br>the ob<br>to mer<br>notifie | by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I dip writing of this change.                                | gree to ac<br>e perform<br>led for in (<br>I hereby c                   | t in this cana                                    | city - I further avree t  | -<br>o comply with                | h the<br>iccept<br>filed<br>en |