L190000023515

(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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ALLAHASSEE FLORE

2022 JAN 18 AM 11: 3

RECEIVED

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

	ACCOUNT NO.	: 120000000	195
	REFERENCE	: 377047	8257429
	AUTHORIZATION	Loud of	4.4
	COST LIMIT	: (\$\25.00	man
	January 13, 2022		
ORDER TIME :	10:0 AM		
ORDER NO. :	377047-070		
CUSTOMER NO:	8257429		
		. .	
	CHANGE OF A	<u>GENT</u>	
NAME:	FLAGLER SCOPE	l, LLC	
CERTI	THE FOLLOWING AS FIED COPY STAMPED COPY	PROOF OF FILI	ING :

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

•

TO:	Registration Section Division of Corporations	
SUBJI	ECT:	
	Name of Li	mited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Cha	age and fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	r to the following:
	Name of Person	
•	Firm/Company	
	Address	
	City/State and Zip Code	
E	-mail address: (to be used for future annual repo	ort notification)
For fur	ther information concerning this matter, please	call:
	at (_)
	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 amoun	t:
	□ \$25 Filing Fcc	☐ \$55 Filing Fee & Certified Copy
INHS18	8 (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.	Na	me of the limited liability company: FLAGLER SCOF	PE 1	LLC		_
2.	(a)	2 South Biscayne Boulevard		(b)	2 South B	iscayne Boulevard
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 200	_	(0)		Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Miami, FL 33131	_		Miami, FL	33131
		01/22/2019			L19000023	5515
3.		Date of filing/registration in Florida	4.	_	!	Document number
5.	(a)	Didier Choukroun				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2 South Biscayne Boulevard			2022 J SECT	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 200			THE TOTAL PROPERTY OF THE PARTY	
		Miami , FL	3313	11		THE STATE OF
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company				
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee, FL	3230)1		
ag we the	cnt vis/we arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law acceptance and authorized representative of a member by acceptance appointment as registered agent and agreems of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete pigations of this change.	regist bility f the limite	con limited lia	office and npany, it is ted liability ability comp r Choukrou	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. In Printed or typed name of signee
Si	gnatu	re of Registered Agent Sanstant Vice President				