

L190000 43 593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

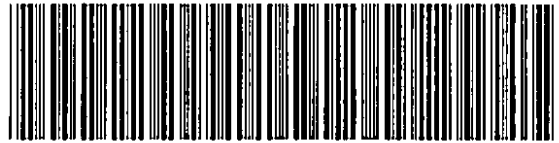
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/06/20--01025--007 \*\*25.00

20 JAN -6 AM 8:26

FD-03-001

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 21856 ARRIBA LLC  
\_\_\_\_\_  
Name of Limited Liability Company

20 JAN -6 AM 8:26

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:

Richard Rogow

\_\_\_\_\_  
Name of Person

21856 Arriba LLC

\_\_\_\_\_  
Firm/Company

9274 Vista Del Lago

\_\_\_\_\_  
Address

Boca Raton, Florida 33428

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Scott Levitt

at ( 561 )

702 3844

\_\_\_\_\_  
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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: 21856 ARRIBA LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

6234 Canal Shore Way

Delray Beach, florida 33484

2/13/19

L19000043593

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Scott Levitt

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

6234 Canal Shore Way

Delray Beach, FL 33484

-(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

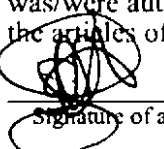
Richard Rogow

**NEW Registered Office Address:**

9274 Vista Del Lago


Boca Raton, FL 33428

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

Scott Levitt \_\_\_\_\_  
Printed or typed name of signer

*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

20 JAN -6 AM 8:26  
RECEIVED  
TALLAHASSEE  
FLORIDA