

L19000047459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

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400387194604

RA & RO Change

2022 SEP - 1 AM 10:26

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 SEP - 1 PM 12:00

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A. RAMSEY

SEP - 27

A. RAMSEY  
SEP - 2 2022

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 09/01/2022

**\*\*WALK IN\*\***

ENTITY NAME Aventura SNF LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25 \_\_\_\_\_

ACCOUNT #: I20160000072

*E B F/16*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aventura SNF 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:

Tsvi Goldstein  
\_\_\_\_\_  
Name of Person

Platinum Filings LLC  
\_\_\_\_\_  
Firm/Company

99 West Hawthorne Ave., Suite 408  
\_\_\_\_\_  
Address

Valley Stream/NY 11580  
\_\_\_\_\_  
City/State and Zip Code

agent@platinumfilings.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tsvi Goldstein at ( 800 ) 263-1553  
\_\_\_\_\_  
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: Aventura SNF LLC

2. (a) 1800 NE 168TH ST NORTH MIAMI BEACH, FL 33162  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 1800 NE 168TH ST NORTH MIAMI BEACH, FL 33162  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 2/22/2019 Date of filing/registration in Florida

4. 1.19000047459 Document number

5. (a) Vcorp Services, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 S PINE ISLAND ROAD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Plantation  
FL 33324

(b) PLATINUM AGENT SERVICES LLC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

155 Office Plaza Dr  
**NEW** Registered Office Address:  
Tallahassee, FL 32301

FILED  
2022 SEP -1 AM 10:26  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

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.

/s/ Leopold Friedman

Leopold Friedman

Signature of a member or authorized representative of a member

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.*

/s/ Steven Friedman

Signature of Registered Agent