## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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Email Address:\_\_

## LLC REGISTERED AGENT CHANGE FIRST ON 8TH UNIT 205, LLC

Certificate of Status	0
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Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

5!

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.

l. Na	me of the limited liability company: First on 8	8th u	nit 205	IIC	
? (5)	801 8TH STREET	í l	(h) 801 8TH STREET		
c. 147	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	MIAMI BEACH, FL 33139		MIAMI	BEACH, FL 33139	
	02/26/2019	<del></del>	L190000	053638	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	SCHWARTZ, TRAVIS				
., (11)	Registered Agent and Registered Office shown on the records of	f the Florid	la Dept. of State	- e:	
	801 8TH STREET		_	_	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	~?.	
	UNIT 205				
	Miami Beach . F	<sub>L</sub> 3313	9	_	
(b)	Registered Agents Inc.			• .	
(1)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	그 무	
	7901 4th St N			<u>.</u> ن	
	NEW Registered Office Address:			-	
	STE 300	. <u></u>		_	
	St. Petersburg	ւ_ <b>33</b> 70	2	_	
the cha agent was/w	imited liability company is not organized under the lange or changes are made, the Florida street address owill 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	of the reg liability of of the li	astered offic company, it i mited liabilit	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	Riture of a member or authorized representative of a member	Ri	ley Park		
				Printed or typed name of signee	
provis the ob- to mer notifie	by accept the appointment as registered agent and ay 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, and in writing of this change.  Bill Havre - Assista	ted for in I hereby	nance of my Chapter 60, confirm that	oacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been	

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Signature of Registered Agent