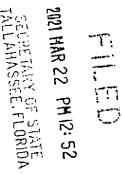
## L14000062274

(Re	questor's Name)						
(Ad	dress)						
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nan	ne)					
(Do	ocument Number)						
Certified Copies	Certificates	of Status					
Certified Copies Certificates of Status							
	_						
Special Instructions to	Filing Officer:						
	<del>-</del>						



800360478788

03/22/21--01030--007 \*\*25.00



Office Use Only

Ste

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Deerfeld Beac	498 LLC  bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Name of Person  Ley Kar hvest ment  Firm/Company  1428 Binckell Avenue  Address  Man, FC 33/  City/State and Zip Code	2 Suk 402 31
E-mail address: (to be used for future annual report notific	Zy C91.Ccm
For further information concerning this matter, please call:	) 406 – 1532 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

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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	nme of the limited liability company:	Deer	field 1	Deach	498	LC	$\mathbb{C}$
2. (a)	Principal office address of limited lic		_ (b)_ Blw	_	ress of limited liab		-
	Coral, Gabl	,	134_				
3. 5. (a)	Date of filing/registration in  A 2 Le Grant Registered Office show	46119	4. PCCC he Florida Dept.	Documen of State:	t number		
(b)	Registered Office Address (MUST BE F)  QQQ PURCE D  COVAL BASIC  Ley Kay July St  Enter name of KEW Registered Agent and/	es .fl	Blue 331:	<u>d</u> ,PH 34	SECULTIFICAL OF STATE A	2021 MAR 22 PM 12: 52	
	NEW Registered Office Address:  1428 Brick  May	ell A	R, S. 331	1/e '4' 31	OL		
change agent w was/we the artic	mited liability company is not organic or changes are made, the Florida streyill be identical. Or, in the case of a Fire authorized by an affirmative vote coles of organization or the operating a	et address of the a Torida limited lial of the members of greement of the I	registered offi bility compan f the limited li	ice and the busing y, it is hereby containly company y company.	ess office of the	e registe e change e provid	red e(s)
I hereb provision the oblition mere	ny accept the appointment as registere ons of all statutes relative to the propagations of my position as registered a ly reflect a change in the registered of in writing of this drayge,	id againt and inch	re to act in thi erformance of for in Chapte erchy confirm		.1	j	ith the accept g filed seen

Signature of Registered Agent