Florida Department of State Division of Obrogramons Electronic Filing Cases Sheet

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LLC REGISTERED AGENT CHANGE BOYNTON INVESTMENT PROPERTIES, LLC

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Help

K. SALY

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Page: 2 of 2

(((H25000362569 3)))

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	ame of the limited liability company:	STM	Æ	VT PROPE	RTTES, LLC		
2. (a)	7901 4th Street N. Suite 300		1	P.O. Bo	P.O. Box 120154		
u. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		•	
	St. Petersburg, FL 33702			Staten Is	land, NY 10312		
	March 25, 2019			L1900008	2129		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	Jose De Lemos				_ _ _		
	Registered Agent and Registered Office shown on the records of a 1221 Brickell Avenue, 900	laic:					
	Registered Office Address MUST BE FLORIDA STREET A		دے				
						716	
	Miami	3313:	3			0CT -9 PH 2: 28	
					_	155	
(b)	Registered Agents Inc.				 _		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>c a (</u>	idress:		P. P.	
						1. Like 22.	
	NEW Registered Office Address:			· · · ·	_	28	
	7901 4th Street N., Suite 300						
			-				
	St. Petersburg	3370	2				
							
f the li	mited liability company is not organized under the law or changes are made, the Florida street address of the r	s of 1	the	State of F	lorida, it is hereby con	ifirmed that after the	
gent w	rill be identical. Or, in the case of a Florida limited liab	bility	y co	ompany, it	is hereby confirmed th	nat the change(s)	
vas/we	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the 1	the	liп ed	nited liabil Iiability co	ity company or as othe mnany	rwise provided in	
HC ZI III	of organization of the operating agreement of the				niczky, Director		
Signac	ure of a member of authorised représentative of a member	-	_		Printed or typed name of	l' signee	
rovisio he obli o mere	ry accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to derfor for it treby	aci in (y c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree o duties, and I am Jamil 15, F.S. Or, if this doct t the limited liability ac	to comply with the liar with and accept ument is being filed ompany has been	
Sionanir	t of Registered Agent David Caretts						
، يا سه، ري . ر	a at tradiminan taken						

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00