5/23/2019



## Division of Corporations Electronic Filing Cover Sheet

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(((H19000167153 3)))



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Division of Corporations

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Account Name : FRANK, WEINBERG, BLACK, P.L.

Account Number : I2004000083

Phone : (954)474-8000

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## LLC REGISTERED AGENT CHANGE 12990 ARCH CREEK TERRACE, LLC

Certificate of Status	0		
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Electronic Filing Menu

Corporate Filing Menu

Help D SCOTT

MAY 29 2019

H190001671533

## 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 Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company:129	90 Arch Cre	ek Terrace	LLC		
2. (a)	1045 95th Street		(b) 1045 95th Street			
• • •	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany:	Mailing address of limited liability of (Note: MAY BE POST OFFICE			
	Bay Harbor Islands, FL 33154		Bay Hai	rbor Islands, FL 3315	4	
		···				
	05-02-2019		L190001	17166		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a)	Steven A. Weinberg				. 1	
J. (4)	Registered Agent and Registered Office shown on the re	cords of the Flori	da Dept. of Sint	- Pl	ۮ	
	7805 SW 6th Court					
	Registered Office Address (MUST RE FLORIDA S Frank, Weinberg & Black, PL	•				
•	Plantation	<sub>E1</sub> 33324				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u> Reyna Jove!  NEW Registered Office Address:  1045-95th Street	relatered Office a	daren:	· · · · · · · · · · · · · · · · · · ·		
	Bay Harbor Islands		·	, ,		
	Bay Harbor Islands	FL_33154				
agent was/we	mited liability company is not organized under nge or changes are made, the Florida street add fill be identical. Or, in the case of a Florida lim re authorized by an affirmative vote of the men ries of organization or the operating agreement	iress of the reginited liability on the limited of the limited	stered office ompany, it is	and the business office of hereby confirmed that the	of the registered	
	are of a member or authorized representative of a member			Printed or typed name of sign		
	y accept the appointment as registered agent a me of all statutes relative to the proper and congations of my position as registered agent as pily reflect a change in the registered office addr in writing of this change.	ind agree to ac implete perform rovided for in t ess, I hereby c	t in this capa ance of my a Chapter 605 onfirm that t	city. I further agree to c tuties, and I am Jamiliar o F.S. Or. If this documer he limited liability compa	omply with the with and accept it is being filed iny has been	
	Division of Corporations	D () Dev 6339	!a T=11.4	Dr. 1614		
	PILI	NG FEE; \$25	.00 - 1 miladets	300, FL 32314		

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