## 119000129456

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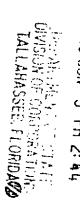
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## **COVER LETTER**

Division of Corporations	
2508 Florida Avenue LLC SUBJECT:	
	f 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 m	atter to the following:
Francis X. J. Lynch, Esq.	
Name of Person	
Breton, Lynch, Eubanks & Suarez-Murias,	P.A.
Firm/Company	
605 N. Olive Avenue, 2nd Floor	
Address	
West Palm Beach. FL 33401	
City/State and Zip Code	
flynch@blesmlaw.com	
E-mail address: (to be used for future annual i	report notification)
For further information concerning this matter, plea	ise call:
Francis X. J. Lynch	561 721-4004
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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: 2508 Florida	Avenue LLC		
2. (a)	501 Palm Street, Suite C5	(b) 501 Pa	(b) 501 Palm Street, Suite C5	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	West Palm Beach, FL 33401	West P	alm Beach, FL 33401	
	May 13, 2019	L190001	29456	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	William Earl			
,	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	te:	
	501 Palm Street, Suite C5			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	- Mai <b>5</b>	
			· · · · · · · · · · · · · · · · · · ·	
	West Palm Beach . FI	_33401	JUN -3 M	
(b)	Terri Melton, CPA		M 9 04	
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	9	
	Ellrich, Neal, Smith & Stohlman, P.A.		<del>-</del>	
	NEW Registered Office Address:	··	_	
	11025 RCA Center Drive, Suite 401			
	Palm Beach Gardens	22440	_	
	, FI		_	
agent w was/we the artic	mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered offic lability company, it i of the limited liabilit	<ul> <li>c and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.</li> </ul>	
Signature of a member or authorized representative of a member Printed or typed name of signee		Printed or typed name of signee		
the obli to mere notified	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ree to act in this cap performance of my d for in Chapter 603 hereby confirm that	ucity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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