

L19000145839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

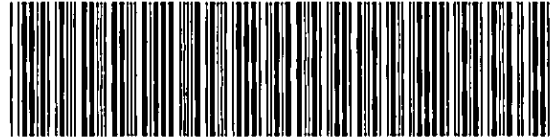
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Special Instructions to Filing Officer:

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NOV 25 2024

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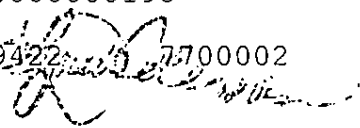
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FILED

2024 NOV 22 AM 10:41

2024 NOV 22 PM 3:40

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 779422-015 77000002  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : November 21, 2024

ORDER TIME : 11:10 AM

ORDER NO. : 779422-015

CUSTOMER NO: 77000002  
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CHANGE OF AGENT

NAME: 1315 MIAMI RD. UNIT G, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1315 MIAMI RD. UNIT G, LLC

\_\_\_\_\_  
Name of 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 matter to the following:

Alex Spektor

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

20 Pelican Dr

\_\_\_\_\_  
Address

Ft Lauderdale FL 33301

\_\_\_\_\_  
City/State and Zip Code

acspektor@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alex Spektor

646

734-3963

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: 1315 MIAMI RD. UNIT G, LLC
2. (a) 20 PELICAN ISLE FT LAUDERDALE, FL 33301  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)
- (b) 20 PELICAN ISLE FT LAUDERDALE, FL 33301  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 6/10/2019  
Date of filing/registration in Florida
4. L19000145839  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Alexander C Spektor  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
20 Pelican Isle  
Ft. Lauderdale, FL 33301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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F.S. 605.0114

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alex Spektor

Alex Spektor

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Am

Signature of Registered Agent