

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L19000161589**

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To:

Division of Corporations
Fax Number : (850)617-6383

Account Name : DICKINSON WRIGHT PLLC
Account Number : I20190000026
Phone : (248)205-3227
Fax Number : (844)678-6889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: sr84@att.net

**LLC REGISTERED AGENT CHANGE
2429-2525 LAKE DRIVE LLC**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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NOV 28 2023

K. Brumblay

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change of Registered Agent and Change of Corporate Address

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:

Bryan Cohen

Name of Person

2429-2525 Lake Drive LLC

Firm/Company

1314 E. Las Olas Blvd., #1084

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

sr84@att.net

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

For further information concerning this matter, please call:

Bryan Cohen

at (954) 610-9748

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

FNHS18 (2/14)

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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: 2429-2525 Lake Drive LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

1314 E. Las Olas Blvd., #1084

Fort Lauderdale, FL 33301

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

1314 E. Las Olas Blvd. #1084

Fort Lauderdale, FL 33301

06/28/2019

L19000161589

3. Date of filing/registration in Florida

4. Document number

5. (a) Mark S. Schechter

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

101 NE 3rd Ave, Suite 1250

Fort Lauderdale, FL 33301

(b) Charles D. Brecker, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Dickinson Wright PLLC

NEW Registered Office Address:

350 East Las Olas Blvd., Suite 1750

Fort Lauderdale, FL 33301

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.

Signature of a member or authorized representative of a member

Mark Richford

Printed or typed name of signer

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.

Signature of Registered Agent

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

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