L19000170238

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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LAW OFFICE **ROSENBERG & PINSKY**

SUITE 304 6499 North Powerline Road FORT LAUDERDALE, FLORIDA 33309 www.rp-lawfirm.com

ARTHUR R. ROSENBERG JOSHUA S. PINSKY PHONE: 954.772.5151 FAX: 954.772.4224

July 14, 2021

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Biarritz Holdings LLC

Statement of Change of Registered Office or Registered Agent

Dear Sir/Madam:

Please find enclosed the Statement of Change of Registered Office or Registered Agent for the above referenced matter for filing.

I have enclosed our check for number 12259 in the amount of \$25 for the filing fee.

Should you have any questions, please feel free to contact our office.

Very truly yours.

GINA A. KEELER

Paralegal for the Firm

Paralegal@rp-lawfirm.com

Enclosure

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Biarritz Holdings LLC ECT:		
	N	ame of Limited I	Liability Company
Dear S	Sir or Madam:		
The en	aclosed Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	e following:
Arthur	R. Rosenberg		
	Name of Person		
Rosent	perg & Pinsky		
	Firm/Company		
6499 N	forth Powerline Road. Suite 304		
	Address		
Fort La	uderdale, Florida 33309		
	City/State and Zip Code	:	
Arr@a	rrosenberg.com		
E	-mail address: (to be used for future a	nnual report noti	fication)
For fur	ther information concerning this matte	er, please call:	
Arthur	R. Rosenberg	954 at (772-5151)
	Name of Person	<u> </u>	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	ng amount:	
	\$25 Filing Fee	□ s	555 Filing Fee & Certified Copy
INHSI	8 (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.

2. (a)			(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		·-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1800 South Ocean Boulevard, Apt. 502		1800 Sc	outh Ocean Boulevard, Apt. 502
	Lauderdale By The Sea, Fl 33062		Lauderd	lale By The Sea, Fl 33062
	June 28, 2019		L190001	70238
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Greg Herskowitz P.A.			
/, (u)	Registered Agent and Registered Office shown on the record	ds of the Flor	da Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STRI	FET ADDRE	CC)	
	9130 S. DADELAND BLVD, Suite 1609	LI ADDKI	337	<i>∞</i> ~
				— ₹ <u>₽</u>
	Miami,	, FL		
(b)	Arthur R. Rosenberg			2021 JUL 19 AM
(-)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office	address:	- E - F
				一 20
	NEW Registered Office Address:			<u> </u>
	6499 North Powerline Road, Suite 304			<u> </u>
	Fort Lauderale	FI 33309		
		, I I.		_
f the li hange	mited liability company is not organized under the or changes are made, the Florida street address of	e laws of th	e State of I	Florida, it is hereby confirmed that after the
gent w	vill be identical. Or, in the case of a Florida limite	d liability (company, it	is hereby confirmed that the change(s)
vas/we	ere authorized by an affirmative vote of the member eles of organization or the operating agreement of	ers of the li	mited habi Hiability co	iny company or as otherwise provided in ompany.
1	11 to bound	JA	IME FEDE	RICO HILDEBRANDTHALTENHOF
Signat	ure of a member or authorized representative of a member	-	-	Printed or typed name of signee
rovisio he obli o mere	oy accept the appointment as registered agent and sons of all statutes relative to the proper and completed agent as provention as registered agent as provely reflect a change in the registered office address in writing of this change.	l <i>ete</i> nerfori	nance of m	v duties, and Lam Jamiliar with and accer

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