L19000193716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

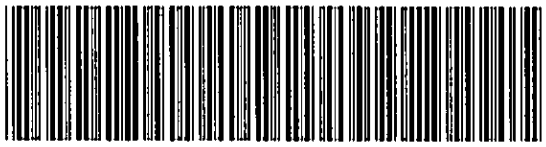
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700351600127

09/08/20--01019--016 **25.00

FILED
2020 SEP -8 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

JQ 10/16/20

COVER LETTER

TO: Registration-Section
Division of Corporations

SUBJECT: BIENNALE WYNWOOD 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:

DAVID F. SIMON
Name of Person

THE SIMON-CRAIR GROUP CPA'S
Firm/Company

8925 SW 148 STREET SUITE 218
Address

MIAMI, FL 33176
City/State and Zip Code

MINNIE@SIMONCPA.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINNIE MATOS at (305) 234-2797
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: BIENNALE WYNWOOD LLC

2. (a) 11801 SW 7 STREET PEMBROKE PINES FL 33025
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
11801 SW 7 STREET PEMBROKE PINES FL 33025

(b) 11801 SW 7 STREET PEMBROKE PINES FL 33025
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
11801 SW 7 STREET PEMBROKE PINES FL 33025

3. 07/29/2019
Date of filing/registration in Florida

4. L19000139371o
Document number

5. (a) ANA CAROLINA MORENO 151 NW 36 STREET, MIAMI FL 33127
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
ANA CAROLINA MORENO 151 NW 36 STREET, MIAMI FL 33127
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
151 NW 36 STREET
MIAMI, FL. 33127

(b) DAVID F. SIMON 8925 SW 148 STREET SUITE 218 MIAMI, FL 33176
Enter name of NEW Registered Agent and or NEW Registered Office address
DAVID F. SIMON - NEW REGISTERED AGENT
NEW Registered Office Address
8925 SW 148 STREET SUITE 218
MIAMI, FL. 33176

FILED
2020 SEP -8 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FL

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

ANA CAROLINA MORENO
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.

Signature of Registered Agent

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