L19000206629

(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



800335472508

10/24/19--01011--018 **25.00

RA Change

D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations		r u	•		
SUBJE	7720 SW 134 CT LLC					
SUDAR	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for fili	ng.		
	return all correspondence concerning th	-				
	,					
Susar	n V. Welsh					
	Name of Person					
	Firm/Company		<u> </u>			
11015	5 SW 119th St.					
	Address		P			
N 4 i m mani	: FL 22470					
	i, FL 33176			•		
	City/State and Zip Code					
welsh	fs@bellsouth.net					
E	-mail address: (to be used for future and	ual report notif	ication)			
For fur	ther information concerning this matter.	, please call:		ν.		
Brian C. Perlin, Esq.			⁴⁴³⁻³¹⁰⁴			
	Name of Person	<i></i> (Area Code & Daytime To	elephone Number		
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:			
	Registration Section		gistration Section			
	Division of Corporations		vision of Corporations			
	Clifton Building		O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Ia	llahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	S25 Filing Fee	□ S:	55 Filing Fee & Certified C	ору		

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	time of the limited liability company: $\frac{7720 \text{ SW } 13}{2}$	4 CT LLC			
2. (a)	11015 SW 119th St.	(b) 110	(h) 11015 SW 119th St.		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33176	Mia	mi, FL 33176		
	August 13, 2019	L190	000206629		
3. 5. (a)	Date of filing/registration in Florida Fred R. Welsh	4.	Document number		
- ((, ,	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)	of State:			
	11015 SW 119th St.				
	Miami . Fi	L33176	-		
(b)	Susan V. Welsh Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	NEW Registered Office Address:		The first of the state of the s		
	11015 SW 119th St.				
	Miami , FI	L ³³¹⁷⁶	<u>.</u> ;		
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registered lability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.		
Signa	ture of a member or authorized representative of a member	Susan v	Printed or typed name of signee		
I here provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided with reflect a change in the registered office address. It is writing of this change.	ree to act in thi e performance o ed for in Chapte hereby confirm	's capacity. I further agree to comply with the		

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