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(Red	questor's Name)	<u> </u>		
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TO: Registration Section Division of Corporations

PENN DUTCH CENTER, LLC SUBJECT:

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:

Corinne Guerra

Name of Person

Summit Group Properties

Firm/Company

1390 S Dixie Hwy #1200

Address

Coral Gables, FL 33146

City/State and Zip Code

cguerra@summitgables.com

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

For further information concerning this matter, please call:

Corinne Guerra	786 at (621-5226
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	_	

Enclosed is a check for the following amount:

\$25 Filing Fee

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. N:	ame of the limited liability company:	ENTI	ER.	LLC		
2. (a)	1390 S. DIXIE HWY., STE, 1200		(1390 S. (DIXIE HWY., STE. 1200	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		·	/	Mailing address of limited liability con (Note: MAY BE POST OFFICE B	
	CORAL GABLES, FL 33146			CORAL	GABLES, FL 33146	
	08/23/2019	_		L1900021		
3. 5. (a)	Date of filing/registration in Florida ARAZOZA & FERNANDEZ-FRAGA P.A.	4.			Document number	
0. (u)	Registered Agent and Registered Office shown on the records of t 2100 SALZEDO ST., STE, 300	he Fk	orid	a Dept. of St	tate:	
	Registered Office Address (MUST BE FLORIDA STREET A	ID <u>DR</u>	ES.	<u>S)</u>	2020 MAR	
	Coral Gables, FL	3313	4		MAR - 3	
(b)	Corinne Guerra			<u>. </u>		4
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>Offic</u>	e a <u>c</u>	<u>idress</u> :	AH 11: 5	1742224 y H Maran J
	1390 S. DIXIE HWY., STE. 1200				56	
	NEW Registered Office Address:					
	Coral Gables, FL	3314	6			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the f	regis bility f the	ter / cc lin	ed office a ompany, it nited liabil:	and the business office of the regis t is hereby confirmed that the chan lity company or as otherwise prov	stered spec(s)
	1.6	E	Eric	Guerra		
-	ture of a member or authorized representative of a member	-			Printed or typed name of signee	
tne obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ignions of my position as registered agent as provided lynefled a change in the registered office address. I he Un writing of this change.	e to perfoi for i ereby	aci rm in (v c)	t in this cap ance of my Chapter 60 onfirm that	pacity. 1 further agree to comply v duties, and 1 am familiar with a 05, F.S. Or, if this document is be ut the limited liability company has	with the ad accept ing filed s been

Signature of Registered Agent

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