

L19 000 293647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

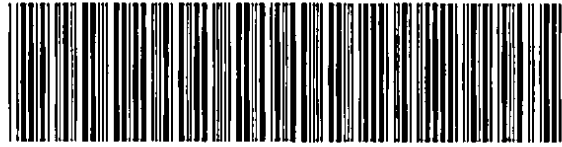
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF CONNECTICUT

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M. SOLOMON

**COVER LETTER**

**O:** Registration Section  
Division of Corporations

EMERSON STREET COMMUNITY 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:

Diane M Freaney

\_\_\_\_\_  
Name of Person

EMERSON STREET COMMUNITY LLC

\_\_\_\_\_  
Firm/Company

2950 SE OCEAN BLVD APT 5-1

\_\_\_\_\_  
Address

STUART, FL 34996

\_\_\_\_\_  
City/State and Zip Code

diane@rootedinvesting.com

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

For further information concerning this matter, please call:

Diane M Freaney

772

210-6978

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
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

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TALLAHASSEE STATE  
REGISTRATION DIVISION

**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.*

EMERSON STREET COMMUNITY LLC

1. Name of the limited liability company: \_\_\_\_\_  
 2950 SE Ocean Blvd APT 5-1

(a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
 Stuart, FL 34996 Stuart, FL 34996

3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Date of filing/registration in Florida Document number

Diane M Freaney

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 2810 Lake Osborne Drive APT 10

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
 Lake Worth, FL 33461  
 \_\_\_\_\_, FL \_\_\_\_\_

(b) \_\_\_\_\_  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

Diane M Freaney  
NEW Registered Office Address:  
 2950 SE Ocean Blvd APT 5-1

Stuart 34996  
 \_\_\_\_\_, FL \_\_\_\_\_

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 DIVISION OF CORPORATIONS  
 TALLHASSEE, FLORIDA

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.

 10/6/2020 \_\_\_\_\_  
 Signature of a member or authorized representative of a member Diane M Freaney, Member  
 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.*

 10/6/2020 \_\_\_\_\_  
 Signature of Registered Agent