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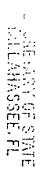
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Special Instructions to Fil	ling Officer:			

Office Use Only



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#### ANGELO C. TERRANA, JR. ESQUIRE

Email: actjr@terranalaw.com



P.C.

### JOSEPH J. TERRANA, ESQUIRE

Email: joe.terrana@terranalaw.com

400 Third Avenue - Suite 117 - Kingston, Pa 18704 - Phone: 570.283.9500 Fax: 570.283.9450 Web: www.terranalaw.com

September 22, 2020

State of Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

> RE: WORLD APT. 712, LLC STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Dear Sir/Madam:

Enclosed herewith please find the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company accompanied by the required \$25.00 filing fee as filed for the World Apt. 712, LLC.

Kindly process this Request.

Should you require any additional information or have any questions, please do not hesitate to contact me. If I am unavailable, kindly ask for my Assistant, Nicole Cicon.

With highest professional regards, I remain,

Very truly yours, Terrana Law, P.C.

Augels C. Tomana, Jr., Esquire By:

Angelo C. Terrana, Jr., Esquire

ACTJR/nc enc.

#### **COVER LETTER**

	Registration Section Division of Corporations			
SUBJE	World Apt. 712, LLC			
3000		Name of Limited Lia	bility Company	
Dear Sir	r or Madam:			
The enc	losed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.	
Please r	eturn all correspondence concerning	g this matter to the fo	ollowing:	
Angelo (	C. Terrana, Jr., Esquire			
-	Name of Person		_	
Terrana	Law, P.C.			
	Firm/Company		_	
400 Thir	rd Avenue, Suite 117			
	Address		_	
Kingstor	n. PA 18704			
	City/State and Zip Cod	le	_	
actjr@te	rranalaw.com			
E-	mail address: (to be used for future	annual report notific	ation)	
For furt	her information concerning this mat	ter, please call:		
Joseph /	Amato	570 at (	287-5343	
	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 follow	ing amount:		
	S25 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.

2. (a)	100 Davit Drive	(b)	00 Davit Drive		
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	North Palm Beach, FL 33403	<u> </u>	orth Palm Beac	th, FL 33403	
	12/23/2019	 L.1:	9000305613		
3.	Date of filing/registration in Florida	4.		ment number	
	Registered Agent Solutions, Inc.				
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida De	pt. of State:		
	155 Office Plaza Drive		,		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)		~>	
	Suite A			2020	
	Tallahassee , FL 3	32301		SEP 2	
(b)	Joseph Amato			<u>&gt;</u>	
(-,	Enter name of NEW Registered Agent and/or NEW Registered C	)ffice addre	<u>ss</u> :		
	100 Davit Drive			ED AM 10: 49 OF STATE SEE, FL	
	NEW Registered Office Address:				
	North Palm Beach FL 3	33403 			
hange igent v vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab cre authorized by an affirmative vote of the members of these of organization or the operating agreement of the liab	egistered o ility comp the limited mited liab	office and the b any, it is hereb d liability com	business office of the registered by confirmed that the change(s) pany or as otherwise provided in	
Signa	of a member or authorized representative of a member			ed or typed name of signee	
proviși	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point igations of my position as registered agent as provided per reflect a change in the registered office address. I he is in writing of this office.	erformanc	e of my duties.	and I am familiar with and accept	

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