

L19000305613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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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.

By: *Angelo C. Terrana, Jr., Esquire*
Angelo C. Terrana, Jr., Esquire

ACTJR/nc
enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: World Apt. 712, 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:

Angelo C. Terrana, Jr., Esquire

Name of Person

Terrana Law, P.C.

Firm/Company

400 Third Avenue, Suite 117

Address

Kingston, PA 18704

City/State and Zip Code

actjr@terrana-law.com

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

For further information concerning this matter, please call:

Joseph Amato

570 287-5343
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

**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: World Apt. 712, LLC

2. (a) 100 Davit Drive (b) 100 Davit Drive

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

North Palm Beach, FL 33403

12/23/2019

119000305613

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

5. (a) Registered Agent Solutions, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite A

Tallahassee, FL 32301

(b) Joseph Amato
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

100 Davit Drive

NEW Registered Office Address:

North Palm Beach, FL 33403

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.

Joseph Amato
Signature of a member or authorized representative of a member

Joseph Amato, MMBR

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.

Joseph Amato
Signature of Registered Agent

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