## L20000089495

<u></u>							
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(,,,							
(Document Number)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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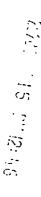
Office Use Only



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R. \VHXTE



## **COVER LETTER**

TO:	Registration Section Division of Corporations				
	5520 Georgia LLC				
SUBJ	ECT:				
		Name of Limited L	iability Company		
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Change and	fcc(s) are submitted for filing.		
Please	e return all correspondence concernir	ig this matter to the	following:		
Gisse	lle Meixner				
	Name of Person				
5520	Georgia LLC				
	Firm/Company		<u> </u>		
5520	Georgia Ave				
	Address		<del></del>		
West	Palm Beach, FL 33405				
	City/State and Zip Co	de	<del></del>		
gbade	er@badersgroup.com				
	E-mail address: (to be used for future	annual report notif	ication)		
For fu	orther information concerning this ma	atter, please call:			
Gisse	elle Meixner	561	336-3891		
		at (	)		
	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 follow	wing amount:			
	■ \$25 Filing Fee	<b>□</b> \$:	□ \$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.	Nia	5520 Georgia LL me of the limited liability company:			
		5520 Georgia Avenue, West Palm Beach, FL 33405		5520 Georgia Avenue, West Palm Beach, FL 33405	
2.	( <b></b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Aniling address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		03.25.2020		L.20000089-	
3. -	(0)	Date of filing/registration in Florida Gisselle Meixner	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of 5520 GEORGIA AVENUE, WEST PALM BEACH, FL3		Dept. of State	- ::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5520 GEORGIA AVENUE			•
		WEST PALM BEACH , FL	33405	<u>,                                      </u>	
	(b)	ALEX BADER			
	,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:	· / •
	5520 GEORGIA AVENUE, WEST PALM BEACH, FL 3				
		NEW Registered Office Address:	<u></u>	· ·	· · · · · · · · · · · · · · · · · · ·
		, FL			
cha age was the	nge nt w s/we arti	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable re authorized by an affirmative vote of the members of organization or the operating agreement of the hurry of a member or authorized representative of a member	vs of the ling registere ability confidence of the limited states	d office and mpany, it is ited liability ability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
pro the to r not	visio obli nere ifiec	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been appeared to this change.	ee to act performa d for in C nereby co	in this capa nce of my a hapter 605, nfirm that t	ncity. I further agree to comply with the huties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
ing (	(	Division of Corporations P.O. I	Box 6327	• Tallahas	see. FL 32314

**FILING FEE: \$25.00**