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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		Division of Cor Fax Number	porations : (850)617-61	383	<u>مع</u>
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	From:	Account Name	· URS AGENTS	LLC	
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August 6, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

DANE STREET, LLC 7111 FAIRWAY DRIVE, SUITE 201 PALM BEACH GARDENS, FL 33418

SUBJECT: DANE STREET, LLC REF: L20000153248

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover shee

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cove sheet.

Please return your document, along with a copy of this letter, within f days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, pleas call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000263357 Letter Number: 320A00014797

(((H20000263357 3))

COVER LETTER

TO: Registration Section Division of Corporations

Dane Street, 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:

Kelly N. Hunt

Name of Person

Dane Street, LLC

Firm/Company

7111 Fairway Drive, Suite 201

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

knhunt@danestreet.com

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

For further information concerning this matter, please call:

Natalle Leibs-Paul	800 277-9977 at ()
Name of Person	Area Code & Daytime Telephone Number
<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address:</u> 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	wing amount:
S S25 Filing Fee	\$55 Filing Fee & Certified Copy

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp submits the following statement in order to change its registered office or registered agent, or both, in the State of Flor

Nя	me of the limited liability company:	EET, LLC	
	7111 FAIRWAY DRIVE, SUITE 201	(b) ⁷	111 FAIRWAY DRIVE, SUITE 201
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)
	PALM BEACH GARDENS, FL 33418		ALM BEACH GARDENS, FL 33418
	05/14/2020	L20	0000153248
	Date of filing/registration in Florida	4.	Document number
	CORPORATION SERVICE COMPANY		
8)	Registered Agent and Registered Office shown on the recoi	rds of the Florida De	pt. of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	20 A
	-		
	TALLAHASSEE	, FL 32301-2525	· · · · · · · · · · · · · · · · · · ·
		_, ru	<u>بر</u> د
5)	URS AGENTS, LLC		
<i>''</i>	Enter name of NEW Registered Agent and/or NEW Regi	stered Office addre	<u>33</u> :
	3458 LAKESHORE DRIVE		
	NEW Registered Office Address:		
	TALLAHASSEE	, FL	
nge	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limit authorized by an affirmative vote of the member cles of organization or the operating agreement of	he laws of the Stu of the registered of ted liability comp bers of the limite of the limited liab	pany, it is hereby confirmed that the change(d liability company or as otherwise provided

The obligations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being for 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.

Signature of Registered Agent Kathy Clark - Assistant Secretary

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