L20000190111

(Re	questor's Name)							
(Ad	dress)							
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(Ad	dress)							
(City/State/Zip/Phone #)								
PICK-UP	MAIT	MAIL						
(Bu	siness Entity Nar	ne)						
(Do	cument Number)							
Certified Copies	Certificates	s of Status						
• ——-	-							
Special Instructions to	Filing Officer:							
	(1)	2/0121						
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Office Use Only



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10/12/21--01053--003 **125.00

2021 OCT 12 AM 11: 06 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations									
SUBJECT: 1600 WATSON BLVD PROPERTY LLC. Name of Limited Liability Company									
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:									
Name of Person									
1600 Matson Blvd Property, LLC. Firm/Company									
500 S FEDERAL HMY # 1641 Address									
MIANDALE, FL 33000 City/State and Zip Code									
City/State and Zip Code									
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Name of Person at (95A) 554 0821 Area Code & Daytime Telephone Number									
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303									
Enclosed is a check for the following amount:									
\$25 Filing Fee \$\Bigcup \$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.	Naı	me of the limited liability company:	1600	HATS	01	1 BW	D PRUT	ERTY	Ll	_C
		500 5 Federal Hwy \$1691			b)	20	S Fale	wil Huzi	/ =	=1641
<u>-</u> .	(a) .	Principal office address of limited liabil			υ).		failing address	of limited liabil	lity cor	npany:
		(Note: MUST BE STREET ADI	<u>)RESS</u>)			11-11-	(<u>Note: MAY I</u>		FICE E	30X)
		Hallandale, FL 3300	<u> </u>		_	Ha Vai	idale,	112	550	<u> </u>
		<u> </u>			_			···		
		07/06/2020				12	20000	9011	(
3.		Date of filing/registration in F	lorida	4.		1	Document nu	ımber		
5.	(a)	MYHANH LOUDEN								
	,	Registered Agent and Registered Office shown	on the records	s of the Florid	ia D	ept. of State	:			
		500 Stederal Huy =	#1691					S	20:	
		Registered Office Address (MUST BE FLC	PRIDA STRE	ET ADDRES	S)			TAL AL	0 13	
		Hallandale, FL:	<u> 33008</u>	<u> </u>				(V)	CT	£ #
		,		FL				**************************************	\sim)
			,	. 1 1.7					AH	
	(b)	LEDUAN DIAZ						7.5 7.5	AM 11: 0:	العال
		Enter name of NEW Registered Agent and/or	NEW Registe	ered Office a	ddr	ess:		्ण नि स्	00	
		NEW Registered Office Address:								
		registered Office Address.								
			,	FL						
Ift	he li	mited liability company is not organize	d under the	laws of th	e St	tate of Flor	rida, it is here	by confirme	ed tha	it after the
		or changes are made, the Florida street ill be identical. Or, in the case of a Flo								
wa	s/we	re authorized by an affirmative vote of eles of organization or the operating ago	the member	rs of the lii	rute	ed liability	company or			
uic		des of diganization of the operating agi	Comera of	me minted				d s		
— <u>s</u>	ignán	ure of a number of authorized representative of	a member		l_	14 recht	Printed or types	d name of sign	ee	
11	v nereh	y accept the appointment as registered	agent and	agree to ac	t in	this capa	city. I furthe	r agree to co	omn/s	with the
the	ovisio e obli	ons of all statutes relative to the proper gations of my position as registered ag ly reflect a change in the registered off	and comple ent as provi	ete perforn ided for in	ian Chi	ce of my d apter 605,	uties, and La F.Ş. Or, if ti	m familiar v his documen	vith a it is b	nd accept eing filed
to i	mere tified	ly reflect a change in the registered off in writing of this change.	ice address.	, I hereby c	on)	tirm that th	he timited lia	bility compa	iny ha	is been
		Ledium T.	has							
Sig	znatur	e of Registered Agent	()							