

L20000209718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

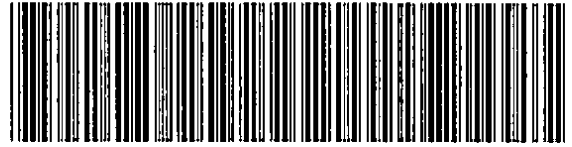
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2021 OCT 12 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1915 CORAL WAY PROPERTY, 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:

LEO DIAZ

Name of Person

1915 CORAL WAY PROPERTY, LLC.
Firm/Company

500 S FEDERAL HWY #1691

Address

HALLANDALE, FL 33008

City/State and Zip Code

QUET LUPEN @ GMAIL.COM

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

For further information concerning this matter, please call:

LEO DIAZ

Name of Person

at (954) 554 0821

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: 1915 Coral Way Property LLC

2. (a) 500 S Federal Hwy #1691

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Hallandale, FL 33008

(b) 500 S Federal Hwy #1691

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Hallandale, FL 33008

3. 07/17/2020
Date of filing/registration in Florida

4. 120000209718
Document number

5. (a) MYHANH LOUDEN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

500 S Federal Hwy #1691

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Hallandale, FL 33008

_____, FL _____

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(b) LEDUAN DIAZ

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

_____, FL _____

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.

Myhanh Louden
Signature of a member or authorized representative of a member

Myhanh Louden
Printed or typed name of signer

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.

Leduan Diaz
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00