

L20000354522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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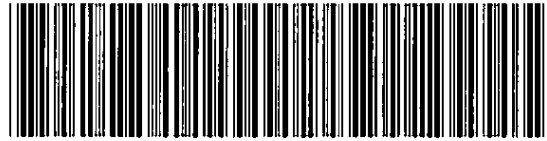
(Business Entity Name)

(Document Number)

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PLEASE FILE THE ATTACHED R/A CHANGE FOR:

EB LANDMARK LLC

PLEASE RETURN A STAMPED COPY

CHECK# 9053      FOR: \$75.00      (\$25.00 for this filing)

THANK YOU!

**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: EB LANDMARK LLC

|  |  |
|--|--|
| 2. (a) <u>Principal office address of limited liability company:</u><br><u>(Note: MUST BE STREET ADDRESS)</u><br><u>19501 WEST COUNTRY CLUB DRIVE, APT 1815</u><br><u>AVENTURA, FL 33180</u> | (b) <u>Mailing address of limited liability company:</u><br><u>(Note: MAY BE POST OFFICE BOX)</u><br><u>19501 WEST COUNTRY CLUB DRIVE, APT 1815</u><br><u>AVENTURA, FL 33180</u> |
|--|--|

|  |   |
|--|---|
| 3. <u>NOVEMBER 9, 2020</u><br>Date of filing/registration in Florida | 4. <u>L20000354522</u><br>Document number |
|--|---|

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ITA SOLUTIONS CORP  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4987 N UNIVERSITY DR, SUITE 27  
LAUDERHILL, FL 33351

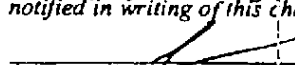
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
ATRIUM REGISTERED AGENTS, INC.  
NEW Registered Office Address:  
8950 S.W. 74th CT., SUITE 1901  
MIAMI, FL 33156

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TALLAHASSEE, 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.

|   |   |
|---|---|
| <br>Signature of a member or authorized representative of a member | <u>EDMON E. BARNICHTA, Manager</u><br>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.*

  
Signature of Registered Agent  
Alfredo R. Tamayo

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