## 120000362601

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

Office Use Only



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11/15/21--01010-007 \*#25.90

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SECRETARY OF STATE

DEC 0 6 SOSI

## COVER LETTER

	Registration Section Division of Corporations				
SUBJECT	FERN LEAF PROPERTIES LLC				
	Name of Limited Liability Company				
Dear Sir or	Madam:				
The enclos	ed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning	g this matter to the following:			
MORRIS G	IRNUN				
<u> </u>	Name of Person	<del></del>			
ACCU-TAX	X & ACCOUNTING SERVICES L	LC			
	Firm/Company				
P.O.BOX 50	032				
	Address				
DEERFIEL	D BEACH FL 33442				
	City/State and Zip Cod	c			
Kijoro@aol	.com				
E-mai	l address: (to be used for future	annual report notification)			
For further	information concerning this mat	ter, please call:			
MAISH GIF	RNUN	9545740081 at (			
	Name of Person	Area Code & Daytime Telephone Number			
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303			
Enc	closed is a check for the followi	ng 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. N	ame of the limited liability company: FERN LEAF PR	ROPERTIES LLC	
2. (a)		(b)	
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	334 SW 13 STREET	334 S	W 13 STREET
	FORT LAUDERDALE FL 33315	FOR:	CLAUDERDALE FL 33315
	NOVEMBER 5TH 2021	L20000	0362601
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
- ( ( )	Registered Agent and Registered Office shown on the records o	f the Florida Dept. o	î State:
	HECTOR ALVAREZ III ESQ		202 St
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	334 SW 13 STREET		FILL 2021 NOV 15 SECRETARY TALL AHA
	FORT LAUDERDALE F	33315	5 AM 7: 38 RY OF STATE HASSEE, FIL
	, .	<i></i>	Ser 3 D
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	· m <b>&amp;</b>
	NICOLA TOPPING		
	NEW Registered Office Address:		<del></del>
	334 SW 13 STREET		
	FORT LAUDERDALE , F.	L <sup>33315</sup>	
cnange agent v was/wo	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered offic- iability company of the limited lia	e and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
ine ooi to meri	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of the change.	ree to act in this performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the
<u> </u>			
Signatu	re of Registered Agent		