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(Requestor's Name)						
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PICK-UP	MAIT	MAIL				
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Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
ARTEMISIA PROPERTY VII, LEC SUBJECT:		
	e of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to th	ne following:
Lisa Zarro		
Name of Person	_	
Registered Agents Legal Services, LLC		
Firm/Company		
1013 Centre Road, Suite 403S		
Address		
Wilmington, DE 19805		
City/State and Zip Code		
E-mail address: (to be used for future annu	ual report no	tification)
For further information concerning this matter,	please call;	
Lisa Zarro	800 at (400-6650
Name of Person	"` \	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
INHS18 (2/14)		

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.

L N	Same of the limited liability company: ARTEMISIA PR	OPERTY VI	I, LLC ———————			
2 Gu	I	(b)				
· (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing a	ddress of limited li MAY BE POST (
	2530 DEL LAGO DRIVE					
	FORT LAUDERDALE, FL 33316					
	01/13/2021	L2	1000021452			
3.	Date of filing/registration in Florida	4.	Docun	nent number		
5. (a						
,-	Registered Agent and Registered Office shown on the records of ROGOZIENSKI, FRANK E	the Florida De	ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 2530 DEL LAGO DRIVE		.			
	FORT LAUDERDALE					
d)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	<u></u>		, 	
	Registered Agents Legal Services, ELC				185	
	NEW Registered Office Address:				ر- ب 	1
	155 Office Plaza Drive, Suite A			in to	===	
	Tallahassee, F				PH 1: 19	1 * 1 * 1 * 1 * 1
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the nature of a member or authorized representative of a member	ws of the St e registered iability comp of the limite	ate of Florida, it office and the broany, it is hereby d liability compositity company. FRANK E	isiness office of y confirmed tha	f the rep t the ch wise pro	gistered lange(s) ovided in
provi the oi to nic	reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide orely reflect a change in the registered office address, I ed in writing of this change.	ree to act in performanced for in Che hereby conf	this capacity. I se of my duties, o upter 605, F.S. o irm that the limi	further agree i and I am familio Or, if this docur ted liability con	o comp ar with nent is npany i	ly with the and accept being filed has been
Signa	ture of Registered Agent					