L21000038716

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DEIMIO				
FID - 7 1953				
<u></u>				

Office Use Only



600417938156

10/27/23--01011--015 **25.00

2023 OCT 27 KH 9: 33

COVER LETTER

TO: Registration Section Division of Corporations				
200 Bahama, LLC SUBJECT:				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
David Klein				
Name of Person				
Rabideau Klein				
Firm/Company				
440 Royal Palm Way, Suite 101				
Address				
Palm Beach, FL 33480				
City/State and Zip Code				
stephen@oxford.us.com				
E-mail address: (to be used for future a	nnual report notification)			
For further information concerning this matte	er, please call:			
Stephen Livaditis	312 898-5415 at ()			
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	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: 200 Bahama, 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)		
	249 Peruvian Ave., Suite F-2	P	PO Box 508		
	Palm Beach, FL 33480		Palm Beach, FL 33480		
	02/04/2021	1.2	1000038716		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Jones Foster Service, LLC				
5. (a)	Registered Agent and Registered Office shown on the records of Jones Foster Service, LLC	ps. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 505 S. Flagler Drive, STE 1100	FIL 2023 OCT 27 2008 TARY			
	West Palm Beach	33401			
(b)	David Klein	·: m			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>10</u> 25 ST 5: 33			
	Rabideau Klein		-		
	NEW Registered Office Address:				
	440 Royal Palm Way, Suite 101				
	Palm Beach . Fl	33480			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liferer authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the Standard registered ability compost the limited liab	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in		
Signature of a member or authorized representative of a member		•••	Printed or typed name of signee		
I here provis the ob to men notific	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect archange in the registered office address, I ad in writing of this change.	ree to act in performand d for in Cha hereby conf	this capacity. I further agree to comply with the re of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
Signat	ure of Registered Agent				