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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Email Address:

LLC REGISTERED AGENT CHANGE NORTH MARIE PROPERTIES LLC

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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.

I. Na	ame of the limited liability company:	PROP	ERTIES LLC			
2. (a)	101 S 12TH STREET, UNIT 609		(b) 101 S 12TH STREET, UNIT 609			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POS	•	
	TAMPA, FL 33602		TAMPA, I	FL 33602		
				· · · · · · · · · · · · · · · · · · ·		
	02/09/2021		L21000069	568		
3.	Date of filing/registration in Florida	4.	- .	Document number		
5. (a)	JAVIER A SUAREZ					
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			- 2:	i i	201
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 101 S 12TH STREET, UNIT 609			-	#1157 	2021 AUG
	TAMPA	L_33602		.	in c	31 A
	Corporate Creations Network Inc.				(1081) (1081)	D Am 10: 07
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	-	75 	07		
	NEW Registered Office Address:			-		
	801 US Highway I					
	North Palm Beach	L 33408		-		
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members cless of organization or the operating agreement of the	iws of t e regist iability of the l e limite	he State of Flo ered office an company, it is imited liability d liability con	d the business office thereby confirmed the y company or as other	of the reg hat the ch	gistered ange(s)
Signa	ture of a member or authorized representative of a member			Printed or typed name of	of signee	
provisi the obl to m e st	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I d'in vriting of this change.	2 224271A	1917 DAY OF 1911 A	duties and Lam fami	111777 (6711)	ana accent
Signatur	Jenisa Irizarry, Spec	cial Se	cretary			