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| (Requestor's Name) | | | | | | |
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| Certified Copies | _ Certificates | s of Status | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | , |
|---------|--|--------------------|--|
| SUBJI | FRIENDS OF HAULOVER BEACH | H, LLC | |
| | Nan | ne of Limited Li | ability Company |
| Dear S | Sir or Madam: | | |
| The en | aclosed Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. |
| Please | return all correspondence concerning the | is matter to the f | Collowing: |
| ALBEI | RT PANTALEON | | |
| | Name of Person | | |
| FRIEN | DS OF HAULOVER BEACH, LLC | | |
| | Firm/Company | | _ |
| 16850 | COLLINS AVE, STE 112-200 | | |
| _ | Address | | _ |
| SUNN | Y ISLES BEACH, FL 33160 | | |
| | City/State and Zip Code | | |
| PANTA | A@FRIENDSOFHAULOVERBEACH.ORC | j | |
| E | -mail address: (to be used for future ann | ual report notific | cation) |
| For fur | ther information concerning this matter, | please call: | |
| ALBER | RT PANTALEON | 305 at (| 216-9282 |
| | 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 | □ \$5: | 5 Filing Fee & Certified Copy |
| INHS18 | 3 (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.

| 1. Na | ame of the limited liability company: FRIENDS OF HAI | ULOV | /ER | BEACH, LLC | | |
|---|--|---|-----------------------------|---|--|--|
| 2. (a) | 16850 COLLING AVE | | (h) | 16850 COLLINS AV | E | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | | Mailing addre | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | SUITE 112-200 | | | SUITE 112-200 | | |
| | SUNNY ISLES BEACH, FL 33160 | _ | | SUNNY ISLES BEAC | CH, FL 33160 | |
| | 02/15/2021 | | L | .21000076502 | | |
| 3. | Date of filing/registration in Florida | 4. | _ | Document | number | |
| 5. (a) | PANTALEON, ALBERT | | | | | |
| o. (u) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 7721 SW 136 AVE | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 2021 APR 26 | |
| | MIAMI , FL | 33183 | | | R 26 | |
| (b) | PANTALEON, ALBERT | | | | PH 4: | |
| , , | Enter name of NEW Registered Agent and/or NEW Registered (| Office : | addı | ress: | M 4: 17 | |
| | 16850 COLLINS AVE | | | | 7 DA | |
| | NEW Registered Office Address: | • | | | | |
| | SUITE 112-200 | | | | | |
| | SUNNY ISLES BEACH , FL 3 | 3160 | _ | | | |
| nange igent w was/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab. | egiste oility of the li- mited | red com mite l lia | office and the busine pany, it is hereby cored liability company bility company. | ess office of the registered | |
| Cionan | and | AL | BE | RT PANTALEON | | |
| I hereb provision he obli o meye | pre of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete persons of my position as registered agent as provided for reflect a change in the registered office address. I here in writing of this change. | e to ac erforn for in reby c | ct in nan Che conj | 41: | ped name of signce her agree to comply with the I am familiar with and accept I this document is being filed iability company has been | |
| Signatur | c of Registered Agent | | | | | |