

L21000096296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300365297143

05/17/21--01023--025 **25.00

RECEIVED
TALLAHASSEE, FL
2021 MAY 17 PM 6:17

BRUCE
JUN 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7TH STREET LIVING LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NADIA HIPOLITA
Name of Person

BUSINESSROCKET, INC.
Firm/Company

15442 VENTURA BLVD STE 101
Address

SHERMAN OAKS, CA 91403
City/State and Zip Code

DOCS@BUSINESSROCKET.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NADIA at (310) 424-5558
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

2021 MAY 17 PM 6:17
TALLAHASSEE, FL
Filing Office

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. Name of the limited liability company: 7TH STREET LIVING LLC

2. (a) PRINCIPAL OFFICE (b) MAILING ADDRESS
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
1680 MICHIGAN AVENUE, SUITE 700 1680 MICHIGAN AVENUE, SUITE 700
MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

3. 02/26/2021 Date of filing/registration in Florida 4. L21000096269 Document number

5. (a) REGISTERED AGENTS INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
REGISTERED AGENTS INC.
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
7901 4TH STREET N STE 300
SAINT PETERSBURG, FL 33702

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
VALERIO SPINACI P.A.
NEW Registered Office Address:
109 SE 9TH ST
FORT LAUDERDALE, FL 33316

2021 MAY 17 PM 6:17
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member
NADIA HIPOLITA Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent