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COVER LETTER

Division of Corporations	,
510 S Dixie LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Robert B. Banting	
Name of Person	
510 S Dixie LLC	
Firm/Company	
521 S Olive Avenue	
Address	
West Palm Beach, FL 33401	
City/State and Zip Code	
rbanting@andersoncarr.com	
E-mail address; (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Robert Banting 56	833-1661
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

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.

(a)	521 S Olive Avenue (b) 521 S				ve Avenue			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_			Mailing address of (Note: MAY BE	limited liab	oility co	mpany:
	West Palm Beach, FL 33401			West Paln	n Beach, FL 3340		11001	<u>,,,,,</u>
		_						
	March 8, 2021	_	(Conf 20036				
	Date of filing/registration in Florida	4.	-		Document num	ber		<u>-</u> .
(a)	Robert B. Banting							
(a)	Registered Agent and Registered Office shown on the records of t	he Flori	ida	Dept. of Sta	te:			
						_		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	SS	<u>.</u>	-	SE!	2021	
	521 S Olive Avenue					AH	MA	77
	West Palm Beach , FL	33401			_	2021 MAR 15 AM 8: 31 SECRLIVARY OF STATE TALLAHASSEE, FLORIDA		
							A	[7]
(b)					_	15 15 15 15 15 15 15 15 15 15 15 15 15 1	- 8: 3	\bigcirc
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	ado	<u>lress</u> :		30%	$\underline{\omega}$	
	Paul H. Snitkin				_			
	NEW Registered Office Address:				_			
	(same as above)							
	, FL							
ange ent w s/wc	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility of the li	ere coi imi	d office ar npany, it i ted liabili	nd the business of is hereby confirm ty company or as	ffice of the	he regi he cha	stered nge(s)
		Ro	obe	rt B. Bantii	ng			
	tire of a member or authorized representative of a member				Printed or typed r	_		
ovisie obli mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	re to a perfori for in ereby	rct ma Co.	in this cap nce of my hapter 60, nfirm that	acity. I further a duties, and I am 5, F.S. Or, if thi, the limited liabi	agree to c familiar s docume lity comp	comply with a ent is b eany he	with the and accepting file as been