Florida Department of State Division of Compositions Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	
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LLC REGISTERED AGENT CHANGE GULF COVE APARTMENTS LLC

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
Gulf Cove Apartments LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha.	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Losi Milhorlan	
Lori Whalen	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Lori Whalen	888 705-7274
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 amoun	ıt:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

Marky Hil

Signature of Registered Agent

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	lame of the limited liability company:	partments LL	С	
2. (a)	C/O STRATFORD MANAGEMENT	(b)	C/O STRA	ATFORD MANAGEMENT
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	585 BOYLSTON STREET, 4TH FLOOR		585 BOYL	STON STREET, 4TH FLOOR
	BOSTON, MA 02116		BOSTON,	MA 02116
	4/7/2021	I	_210001469	999
3.	Date of filing/registration in Florida	4.]	Document number
5. (a)	TRAC-THE REGISTERED AGENT COMPANY			
J. (a	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS		21
	TALLAHASSEE	, FL_32303		2023 NOV
(b)	Registered Agent Solutions, Inc.			N 29
, ,	Enter name of NEW Registered Agent and/or NEW Registered	ered Office add	ress:	PH
	2894 Remington Green Ln.			1: 24
	NEW Registered Office Address:			∓
	Ste. A			
	Tallahassee	, FL <u>32308</u>		
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe ticles of organization or the operating agreement of	the registered liability cor ers of the limi	d office and npany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/	Jaclyn Wright	Jacky	n Wright	Authorized Person
	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compl oligations of my position as registered agent as prov rely reflect a change in the registered office address and in writing of this change.	agree to act lete performa ided for in C , I hereby co	in this capa nce of my d hapter 605, nfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

Mackenzie Hibler, Asst. Secretary