

LA21000236226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

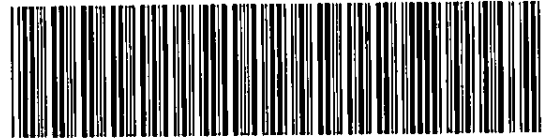
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



000427621040

LLC RA & RO Change

2024 MAY -2 AM 10:36  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 MAY -2 AM 9:26  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY  
MAY 3. 2024

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7953  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**incserv**

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/2/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1251669

**ORDER ENTITY**  
REUNION PARK LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

REUNION PARK LLC (FL)

File the attached change of agent document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REUNION PARK 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:

John Felts

Name of Person

Reunion Park LLC

Firm/Company

1000 Buckell Ave

Address

Miami, FL 33131

City/State and Zip Code

art@aimeserv.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Felts

760

840 1345

at ( )

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.*

1. Name of the limited liability company: REUNION PARK LLC

2. (a) 1000 Brickell Ave (b) Same

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Ste 715 PMB 5178

Miami, Florida 33131

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

05/20/2021

L21000236226

3. Date of filing/registration in Florida

4. Document number

5. (a) ASGARD CORPORATE SERVICES LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

511 W BAY STREET

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 320

TAMPA, FL 33606

(b) Incorporating Services, Ltd.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1540 Glenway Drive

NEW Registered Office Address:

Tallahassee, FL 32301

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.

John Felts

Signature of a member or authorized representative of a member

John Felts

Printed or typed name of signer

*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.*

Yvelisse A. McCreau

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**

FILED  
2024 MAY -2 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301