

Florida Department of State
Division of Corporations
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L21000279270

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

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

Email Address: Corporate@comitersinger.com

LLC REGISTERED AGENT CHANGE OB EQUITY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2022 NOV 30 PM 12:19
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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REC 06 2022
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OB Equity 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:

Brad Gould, Esq.

Name of Person

Comiter Singer Baseman & Braun

Firm/Company

1000 SE Monterey Commons Blvd., Ste. 102

Address

Stuart, FL 34996

City/State and Zip Code

corporate@comitersinger.com

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

For further information concerning this matter, please call:

Brad Gould, Esq.

561

626-2101

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: OB Equity LLC
2. (a) 5800 North Bay Road
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Miami, FL 33140
- (b) 5800 North Bay Road
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Miami, FL 33140
3. 06/15/2021
Date of filing/registration in Florida
4. L21000279270
Document number
5. (a) Dean Mead Services, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
420 South Orange Avenue, Suite 700
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
Orlando, FL 32801
- (b) Comiter Singer Baseman & Braun LLP - Brad Gould, Esq.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3825 PGA Boulevard, Suite 701
NEW Registered Office Address:
Palm Beach Gardens, FL 33410

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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Kyle Klopfer

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.

[Signature]
Signature of Registered Agent

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