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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE PLANTA FLL LLC

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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.

L. Na	me of the limited liability company: Planta FLL LLC				
2 (-)	1201 E LAS OLAS BOULEVARD FORT LAUDERDALE	ı (b	240 RICH:	MOND ST WEST S	UITE 4110 TORONTO
2. (0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	= ,**	,	dailing address of limit <i>(Note: MAY BE PO.</i>	ed hability company:
	AL 33301	_	ON M5VP	V-6 CA	
	06/17/2021	_	E210002829	991	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of the SALM, STEVEN	e Flerida	Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET AI	DIRESS	j		:
	850 COMMERCE ST MIAMI BEACH				•
		3139			1 - 1
(b)	C T Corporation System				
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered O</u>	office ado	iress:		;; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	NEW Registered Office Address:	 - 			
	1200 South Pine Island Road				
	Plantation	3324			
the cha agent w was/we the arti	imited liability company is not organized under the laws nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of teles of organization or the operating agreement of the h	he regis oility co the lim mited l	tered office mpany, it is ited liability iability com	and the business of thereby confirmed company or as of	office of the registered that the change(s)
	ure of a member or authorized representative of a radiana.	Jessi	ca Crowley		
Signat	ture of a member or authorized representative of a richine.		. , .	Printed or typed name	•
i nerci provisi the obl to mere notifiec	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. The lim writing of this change. C.Y. Corporation System	e to act erforma for in C reby co	an ims came	icity. I further agr luties, and I am fai , F.S. Or, if this di the limited liability	we to comply with the niliar with and accept ocument is being filed company has been
By: Signatur	re of Registered Agent	-	Leslie M	artin, Assistant Sec	retary