L21000294905

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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JAN 31



December 1, 2022

MONARCH HOSPITALITY GROUP LLC 1701 SE CYPRESS PARK LN JUPITER, FL 33478

SUBJECT: MONARCH HOSPITALITY GROUP LLC

Ref. Number: L21000294905

We have received your document for MONARCH HOSPITALITY GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Registered Agent listed is not the current Registered Agent listed on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 722A00026517

023 JAN 23 PH 12: 5

COVER LETTER

TO: Registration Section Division of Corporations	· '
Monarch Hospitality Group LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Skyler Russell	
Name of Person	
Monarch Hospitality Group	
Firm/Company	
1701 SE Cypress Park Ln	
Address	
Jupiter Fl 33478	
City/State and Zip Code	
skyyruss@gmail.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Skyler Russell at (561 4273636
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 amou	nt:
□ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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. 1	Name of the limited liability company: Monarch Hospit	ality Group	LLC			
2. (a)	(h	`			
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1701 SE Cypress Park Ln Jupiter FL 33478	1701 SE Cypress Park Ln Jupiter FL 33478				
						
	07/14/2022		L21000294	905		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a	.)					
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of Stat	- re:		
	United States Corporation Agents, Inc.				;	2623
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	!	_		<u>د</u> ت
	5575 S. Semoran Blvd. 36				:	JAH
	Orlando	L		_		$\frac{\alpha}{6}$
		L		-		<u>P:</u>
(b)					·-	en en
(*)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	_	;	: ::
	Regan Russell				• •	33
	NEW Registered Office Address:		<u></u>	_		
	1951 SE Cypress Park Ln					
				-		
	Jupiter , FI	33478 				
agent was/w the ar	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered ability con of the limit limited lia	l office and apany, it is ed liability	I the business office of the hereby confirmed that the company or as otherwise.	he registe	red
Sign	Skyler Russell aturg of a member or authorized representative of a member			Printed or typed name of sig	nee	
I here provis the ob to mei notifie	eby accept the appointment as registered agent and agr iions of all statutes relative to the proper and complete ligations of my position as registered agent as provide cely reflect a change in the registered office address, I l ad in writing of this change.	ree to act i performan d for in Ch hereby con	n this capa ace of my a apter 605, firm that t			th the accept g filed een
Signat	Pagan Russell urb of Registered Agent					
Signal	men registered Agent					