## 121000299499

| (Requestor's Name)                      |              |             |  |  |  |  |  |
|---|--------------|-------------|--|--|--|--|--|
| (Address)                               |              |             |  |  |  |  |  |
| (Address)                               |              |             |  |  |  |  |  |
| (City/State/Zip/Phone #)                |              |             |  |  |  |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL        |  |  |  |  |  |
| (Business Entity Name)                  |              |             |  |  |  |  |  |
| (Document Number)                       |              |             |  |  |  |  |  |
| Certified Copies                        | Certificates | s of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |              |             |  |  |  |  |  |
|   |              |             |  |  |  |  |  |
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Office Use Only



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2021 NOV -1 PM 1: 06 SECRETARY OF STATE

NOV 2.3 2021

## **COVER LETTER**

| TO:      | Registration Section Division of Corporations |                    |                                      |  |  |  |  |
|----------|---|--------------------|--------------------------------------|--|--|--|--|
| SUBJE    | South Palm Beach Holdings, LLC                | C                  |                                      |  |  |  |  |
|          | Name of Limited Liability Company             |                    |                                      |  |  |  |  |
| Dear Si  | r or Madam:                                   |                    |                                      |  |  |  |  |
| The enc  | closed Registered Agent/Registered            | Office Change and  | d fec(s) are submitted for filing.   |  |  |  |  |
| Please r | eturn all correspondence concerning           | this matter to the | e following:                         |  |  |  |  |
| Taudy A  | breu  |                    |                                      |  |  |  |  |
|          | Name of Person                                |                    | <del></del>                          |  |  |  |  |
| South Pa | alm Beach Holdings, LLC                       |                    |                                      |  |  |  |  |
|          | Firm/Company                                  |                    | _                                    |  |  |  |  |
| 13590 S  | Jog Road Suites 4/5                           |                    |                                      |  |  |  |  |
|          | Address                                       |                    | <del></del>                          |  |  |  |  |
| Delray E | Beach, FL 33446                               |                    |                                      |  |  |  |  |
|          | City/State and Zip Cod                        | e                  |                                      |  |  |  |  |
| taudyabi | reu@gmail.com                                 |                    |                                      |  |  |  |  |
| E-       | mail address: (to be used for future          | annual report noti | fication)                            |  |  |  |  |
| For furt | her information concerning this mat           | ter, please call:  |                                      |  |  |  |  |
| Taudy A  | breu  | 561<br>at (        | 381-6518                             |  |  |  |  |
|          | Name of Person                                |                    | Area Code & Daytime Telephone Number |  |  |  |  |
|          | Mailing Address:                              |                    | Street Address:                      |  |  |  |  |
|          | Registration Section                          |                    | Registration Section                 |  |  |  |  |
|          | Division of Corporations                      |                    | Division of Corporations             |  |  |  |  |
|          | P.O. Box 6327                                 |                    | The Centre of Tallahassee            |  |  |  |  |
|          | Tallahassee, FL 32314                         |                    | 2415 N. Monroe Street, Suite 810     |  |  |  |  |
|          |   |                    | Tallahassee, FL 32303                |  |  |  |  |
|          | Enclosed is a check for the follow            | ing amount:        |                                      |  |  |  |  |
|          | \$25 Filing Fee                               |                    | \$55 Filing Fee & Certified Copy     |  |  |  |  |

TO:

## • 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.                              | Na                            | me of the limited liability company:  South Palm Beach   | Holdi                               | ings,                           | LLC   |  |  |
|---------------------------------|-------------------------------|--|-------------------------------------|---------------------------------|---|--|--|
| 2.                              | (a)                           | 13590 S Jog Road Suites 4/5  |                                     | (b) 13590 S Jog Road Suites 4/5 |   |  |  |
|                                 | (4)                           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | <del></del>                         | (0)                             |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |
|                                 |                               | Delray Beach, FL 33446   | _                                   |                                 | Delray Bea  | ach, FL 33446  |  |
|                                 |                               | 06/29/2021   | <del></del>                         | L                               | 210002994   | 199  |  |
| <ul><li>3.</li><li>5.</li></ul> | (a)                           | Date of filing/registration in Florida SHANTAE ROBERTS   | 4.                                  |                                 |   | Document number  |  |
| ~,                              | (4)                           | Registered Agent and Registered Office shown on the records of the 13590 S Jog Road Suites 4/5   | ne Flor                             | rida I                          | Dept. of State  |  |  |
|                                 |                               | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |                                     |                                 |   | SECRETAL STATE OF THE SECRETARY  |  |
|                                 |                               | Delray Beach , FL  | 33446                               |                                 |   | OF THE PERSON OF |  |
|                                 | (b)                           | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Taudy Abreu   | Office                              | add                             | ress:   | PH 1:06  |  |
|                                 |                               | NEW Registered Office Address:   |                                     |                                 |   | -  |  |
|                                 |                               | 13590 S Jog Road Suites 4/5  |                                     |                                 |   | -  |  |
|                                 |                               | Delray Beach FL  | 33446                               | ;                               |   | _  |  |
| cha<br>age<br>wa                | inge<br>ent w<br>s/we         | mited liability company is not organized under the laws<br>or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab<br>are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li                                | egiste<br>pility<br>the l           | ered<br>con<br>limit            | office and<br>pany, it is<br>ed liability<br>bility com | d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in upany.   |  |
|                                 |                               | 0/2  |                                     |                                 | 70  | SE CONDE MD  |  |
| [ }<br>pro<br>the<br>to         | erel<br>visio<br>obli<br>nere | ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided liverage in the registered office address, I had in writing of this change.  The Registered Agent | e to a<br>perfor<br>for in<br>preby | act il<br>mar<br>n Ch<br>l con  | n this capa<br>ice of my d<br>capter 605<br>firm that t | Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been  |  |