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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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

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LLC REGISTERED AGENT CHANGE NORTH CITY FLATLANDS, LLC

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1 6 2022

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: | NORTH CITY FLATLANDS, LLC | |
|--------------------------------------|--|--|---|
| 2. (a) | Principal office address of limited liability company: | (b) | 12895 SW 132ND ST |
| | (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | MIAMI, FL 33186 | | MIAMI, FL 33186 |
| 3. | 10/29/2021 Date of filing/registration in Florida | - <u>-</u> | L21000468001 |
| | | 4. | Document number |
| 5. (a) | | | |
| | Registered Agent and Registered Office shown on the records of | the Florida Dept. o | of State: |
| | 1201 HAYS ST | _ | |
| | Registered Office Address (MUST RE FLORIDA STREET) | ADDRESS) | |
| | | | |
| | TALLAHASSEE, FL | 32301 | - 2 |
| (b) | Corporate Creations Network Inc. | | D22 |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address | |
| | | | |
| | 801 US Highway 1 | | |
| | NEW Registered Office Address: | | ် သ |
| | | | |
| | North Paim Beach , FL | 33408 | |
| igent w vas/we he artic | mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registered office bility company, f the limited bal | e and the business office of the registered it is hereby confirmed that the change(s) |
| Signan | Rachel Joseph use of a member or authorized representative of a member | Rad | chel Joseph, Attorney-in-Fact |
| I heroh | Waccent the appointment on maries | _ | Printed or typed name of signee |
| rovision he obligated ottified | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | te to act in this of the formance of the formance of the formance of the forman the formation of the formati | capacity. I further agree to comply with the my duties, and I am Jamiliar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been |
| tach | al Joseph Rachel Joseph, Special Secre | etary | |