L21000479856

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
! Copies Certificates of Status
al Instructions to Filing Officer.

Office Use Only



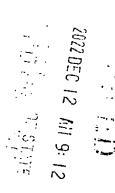
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FALLAHASSEE, FLORE

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A. BUTLER

DEC 1 3 2022



Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 12/12/2022	_	**WALK IN**
ENTITY NAME_1000 I	EATON STREET LL	.C
DOGLY CENT NUR (DER		
DOCUMENT NUMBER		
	PLEASE FILE T	THE ATTACHED AND RETURN
XXXXX	Plain Copy	
	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE	FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Arts	8 Amendments
	Certified Copy of Arts	s & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status 1	Reflecting:
	APOSTILLE'/	NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTEO	
TOTAL OWED \$ 25		ACCOUNT # 120140000108 Littly United Corporate Services, Inc. any issues or concerns, Thank you so much!
Please call Tina at t	he above number for	any issues or concerns. Thank you so much!

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations 1000 EATON STREET LLC SUBJECT: 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: Scott Handwerker Name of Person Twomey, Latham, Shea, Kelley, Dubin & Quartararo, LLP Firm/Company 20 Main Street Address East Hampton, NY 11937 City/State and Zip Code mightymiller@mac.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: mightymiller@mac.com Area Code & Daytime Telephone Number Name of Person **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

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. N	Jame of the limited liability company: 1000 EATON ST	REET	LLC					
2. (a)	1000 FATON STREET KEY WEST EL 33040		(b)	7850 HA	.WTHORNE AV	/ENUE		_
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) MIAMI BEACH, FL 33141				
3.	Date of filing/registration in Florida		_	L2100047	9856 Document no	ımber		
5. , (a	MILLER, CHRISTOPHER R Registered Agent and Registered Office shown on the records of				·—·			
(b)	Registered Office Address (MUST BE FLORIDA STREET 7850 HAWTHORNE AVENUE MIAMI BEACH FI United Corporate Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	33141					2022 DEC 12 AH 9: 12	d d d d d d d d d d d d d d d d d d d
	NEW Registered Office Address:				_			
	3458 Lakeshore Drive				_			
	Tallahassee FI	3;	2312	2	_			
chang agent was/v the ar	limited liability company is not organized under the large 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	regist ability of the l limite	erec cor limi d lia	l office ar npany, it ted liabili	nd the business is hereby confi ity company or mpany.	s office o rmed tha as other	f the re it the c wise p	egistered hange(s)
Sign	ature of a member or authorized representative of a member				Printed or type	d name of	signee	
provi. the ol to me	eby accept the appointment as registered agent and agissions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	ree to a perfor d for it hereby	net i mai n Ci coi	n this cap nce of my hapter 60 nfirm that	pacity. I further duties, and La 5, F.S. Or, if t the limited lia	r agree t ım famili his docui bility coi	o comp ar with ment is mpany	ply with the rand accept being filed has been
	thock A Basa ture of Registered Agent							