

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE
COMMUNITIES AT JAZZY COVE, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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JUN 14 2022

K. Brumbley

**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. Name of the limited liability company: Communities at Jazzy Cove, LLC
2. (a) 12895 SW 132 ST. , MIAMI, FL 33186
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 12895 SW 132 ST. , MIAMI, FL 33186
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 11/19/2021
Date of filing/registration in Florida
4. L21000495774
Document number
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE, FL 32301
- (b) Corporate Creations Network Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
801 US Highway 1
NEW Registered Office Address:
North Palm Beach, FL 33408

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ariana Turoski

Signature of a member or authorized representative of a member

Ariana Turoski, Attorney-in-fact

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ariana Turoski

Signature of Registered Agent

By: Ariana Turoski, Special Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00