Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address	:
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## LLC REGISTERED AGENT CHANGE **CLARIDGE CLUB NORTH 209 LLC**

Certificate of Status	0
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1/30/2025 12.47:41 PST To. 18506176383 Page: 2/2 Fax: 8134365206

## 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.

l. Na	me of the limited liability company:	UB NORTH 2	209 LLC
2. (a)	7901 4th St N STE 300	(b) 7	901 4th St N STE 300
(,	Principal office address of limited tiability company: (Nate: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg, FL 33702	SI	. Petersburg, FL 33702
		 L22	2000015392
3.	Date of filing/registration in Florida	 4,	Document number
5. (a)	AREM, AARON		
, (a)	Registered Agent and Registered Office shown on the records of 5005 COLLINS AVE	the Florida Dep	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET  APT 209	ADDRESS)	2021 SE TA
	MIAMI BEACH , FI	33140	5 JAN CRE
(b)	REGISTERED AGENTS INC		FILE 2025 JAN 30 SECRETARY SECRETARY ASSE
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	
	7901 4TH ST N		9: 00
	NEW Registered Office Address:		<b>*</b>
	STE 300		<del></del>
	ST. PETERSBURG FI	33702	
change igent w was/we he artic	mited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited libert authorized by an affirmative vote of the members of the organization or the operating agreement of the	registered o ability compa of the limited	ffice and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
16	ure of a member or authorized representative of a member	Robin J	
I herek provisio he obli o mere potifica	over a member of authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete gations of my position as registered agent as provide livereflect a change in the registered office address, I fin writing of this change.  Comparison David Roberts	ree to act in t performance d for in Chap hereby confi	Printed or typed name of signee his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been