

L22000028078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

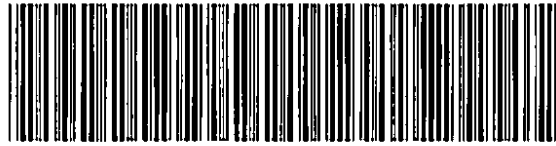
(Document Number)

Certified Copies _____

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200418009782

FILED
2003 OCT 26 PM 12:46
TALLAHASSEE, FLORIDA

RECEIVED
OCT 26 PM 12:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: -I20210000160 **\$25.00**

Authorization Signature: *[Signature]*
501 St Michaels Way LLC L22000028078

Business Name

Doc. #

☐ **Certified Copy**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit

☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. or
Office or Director
☒ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

XAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 501 St Michaels Way LLC
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:

Kate Espiritu

Name of Person

Firm/Company

722 Dulaney Valley Rd #199

Address

Towson, MD 21204

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: 501 St Michaels Way LLC

2. (a) 722 Dulaney Valley Rd #199
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Towson, MD 21204

(b) 722 Dulaney Valley Rd #199
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Towson, MD 21204

3. 01/25/2022 Date of filing/registration in Florida

4. L22000028078 Document number

5. (a) Registered Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2401 S 25th St #1C
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Pierce, FL 34981

(b) Midfield Management LLC
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2401 S 25th St #Office

NEW Registered Office Address:

Fort Pierce, FL 34981

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.

Mdm
Signature of a member or authorized representative of a member

MORDECHAI DALFIN
Printed or typed name of signer

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.

Mdm
Signature of Registered Agent

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