→ 18506176383 Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

Email Address:

LLC REGISTERED AGENT CHANGE 19201 1143 LLC

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M. SOLOMON

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TO: Registration Section

Division of Corporations

19201 1143 LLC

15129570210

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:

Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste	400
Address	
Austin, TX 78735	
City/State and Zin Code	

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

For further information concerning this matter, please call:

Mary Castillo

888

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section **Division of Corporations**

P.O. Box 6327

Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

⊙ 06/02/2022 11:03 AM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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.

toride		40.11				
i. Na	me of the limited liability company: 19201 11			_ 		
. (a)	5500 ISLAND ESTATES DRIVE		(b) 550	0 ISLAND EST	ATES DRIVE	
(,	Principal office address of limited liability company:		· /	Mailing address of limite	ed liability company:	
	(Note: MUST BE STREET ADDRESS) UNIT 1008N		LINE	1008N	<u>ΠΟΡΤΙζΕ ΡΟΔ</u>)	
	AVENTURA, FL 33160		AVE	NTURA, FL 33	3160	-
	3/8/2022		L220	00119214		_
3 .	Date of filing/registration in Florida	4.		Document number		
5. (a)	KALCHMAN, CHARLES Z, ESQ	(•				
, (u)	Registered Agent and Registered Office shown on the records of	if the Flor	rida Dept. of	State:		
	323 SUNNY ISLES BLVD., SUIT	ΓE 70	00			
	Registered Office Address	T ADDRI	<u>:333)</u>		34 20	
					2022 JUN 85. *855 1848	
	SUNNY ISLES BEACH	_L 331	160			
(b)	Registered Agent Solutions, Inc.				W-2 M12:3	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	address:		개 [2: 32 한 되었다.	
	155 Office Plaza Dr.					
	NEW Registered Office Address:					
	Suite A					
	Tallahassee F	_L 323	301			
the cha	imited liability company is not organized under the lange or changes are made, the Florida street address	of the re	egistered o	ffice and the business of	office of the registered	j
was/w	will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	s of the	limited lial	bility company or as off	herwise provided in	
ne art	icles of organization or the operating agreement of th				amhar	

Member Alberto Bazbaz Alberto Bazbaz

Signature of a member or authorized representative of a member

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.

Mackanzia Hart Aget Sacretary

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent