L22000142952

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

Office Use Only



000392768370

08/22/22--01018--024 **25.00

2822 AUG 2.2 MI 3. 10

DEC 1 - 2022

COVER LETTER

O: Registration Section Division of Corporations				
		A v		
JBJECT: 127 MURRAY DEVELOPMEN	VT LLC			
	Name of Limited I	Liability Company		
ear Sir or Madam:				
ne enclosed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.		
ease return all correspondence concernin	g this matter to the	following:		
AMUEL FISCH				
Name of Person				
27 MURRAY DEVELOPMENT LLC				
Firm/Company				
616 S. DIXIE HWY				
Address				
WEST PALM BEACH, FL 33405				
City/State and Zip Co	de	~ ~~~		
OOKKEEPING@RESWPB.COM				
E-mail address: (to be used for future	annual report noti	fication)		
or further information concerning this ma	tter, please call:			
·		14 May 14 14 14 18 18 18 18 18 18 18 18 18 18 18 18 18	13.00	
LYSSA YOUNG	at (561) 835-3665		
Name of Person		Area Code & Daytime Telephone Number		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the follow	ving amount:			

 \square \$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	ame of the limited liability company: 127 MURRAY D	DEVELOP	MENT LLC		
2. (a)	4616 S. DIXIE HWY	(b) 4616 S. DIXIE HWY			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of lim	nited liability company: OST OFFICE BOX)	
	WEST PALM BEACH, FL 33405		WEST PALM BEACH, FL 33	3405	
	03/23/2022		.22000142952		
3.	Date of filing/registration in Florida	4.	Document number	er	
5. (a)					
. ,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	FLORIDA FORECLOSURE INVESTMENTS LLC				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	300 BUTLER STREET				
	WEST PALM BEACH , FI	33407		2022 AUS	
(b)				403 2 	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	2 /	
	FLORIDA FORECLOSURE INVESTMENTS LLC			22 AN 9: 18	
	NEW Registered Office Address:			.ú/ <mark>.</mark>	
	4616 S. DIXIE HWY				
	WEST PALM BEACH , FI	33405			
change agent was/w the art Signa I here provis the obto mer	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 light ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attree of a member or authorized representative of a member or authorized representative of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address, I is difficulty of this change.	e registered ability cor of the limi limited limi SAM ree to act is performa	I office and the business offingany, it is hereby confirmed ted liability company or as obbility company. UEL FISCH Printed or typed name this capacity. I further agree of my duties, and I am face.	tice of the registered d that the change(s) otherwise provided in the of signee to comply with the similar with and accept	