

L2200026/583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 874497 7998853

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 25.00

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ORDER DATE : August 9, 2022

ORDER TIME : 8:10 AM

ORDER NO. : 874497-010

CUSTOMER NO: 7998853  
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CHANGE OF AGENT

NAME: 12415 NE 13TH AVE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 12415 NE 13th Ave 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:

Marc A. Benjamin  
\_\_\_\_\_  
Name of Person

Benjamin, Gussin & Associates  
\_\_\_\_\_  
Firm/Company

801 Skokie Blvd., STE 100  
\_\_\_\_\_  
Address

Northbrook, IL 60062  
\_\_\_\_\_  
City/State and Zip Code

marcben@bgalawfirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Hirsch at ( 847 ) 861-6242  
\_\_\_\_\_  
Name of Person 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: 12415 NE 13th Ave LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
17555 Collins Avenue #3901  
Sunny Isles, FL 33160

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
17555 Collins Avenue #3901  
Sunny Isles, FL 33160

3. June 8, 2022 Date of filing/registration in Florida

4. L22000261583 Document number

5. (a) Andrew D. Tarr  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2501 S. Ocean Drive, Suite C-03, Hollywood, FL 33019  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
\_\_\_\_\_  
\_\_\_\_\_, FL \_\_\_\_\_

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
\_\_\_\_\_  
Tallahassee, FL 32301

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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.

Marc Benjamin Signature of a member or authorized representative of a member

Marc A. Benjamin 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.*

Alexis Weber Signature of Registered Agent  
*assistant vice president*

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\_\_\_\_\_  
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\_\_\_\_\_  
Firm/Company

801 Skokie Blvd., STE 100  
\_\_\_\_\_  
Address

Northbrook, IL 60062  
\_\_\_\_\_  
City/State and Zip Code

marcben@bgalawfirm.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Hirsch at ( 847 ) 861-6242  
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