

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
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LLC REGISTERED AGENT CHANGE
PALMETTO PLACE 912 LLC

Certificate of Status	0
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**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:

PALMETTO PLACE 912 LLC

2. (a) 200 EAST PALMETTO PARK ROAD

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

BOCA RATON, FL 33432

(b) 200 EAST PALMETTO PARK ROAD

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

BOCA RATON, FL 33432

07/18/2022

3. Date of filing/registration in Florida

L22000318004

4. Document number

5. (a) SACKEL, MATT

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

525 OKEECHOBEE BLVD

WEST PALM BEACH, FL 33401

(b) CORPORATION COMPANY OF MIAMI

Enter name of NEW Registered Agent and/or NEW Registered Office address:

200 S. BISCAYNE BLVD., STE. 4100 (M7S)

NEW Registered Office Address:

MIAMI, FL 33131

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.

Matthew Sackel

Signature of a member or authorized representative of a member

Matthew Sackel

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.

Matthew Sackel

Signature of Registered Agent

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