

L23000018286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800418009728

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2023 OCT 26 PM 1:00

FILED

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

OCT 26 PM 1:00

RECEIVED

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

Please use funds from this account: -120210000160 **\$25.00**

Authorization Signature: *[Signature]*  
1295 Santa Rosa LLC L23000018286

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**

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
  
- Other**

Country

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

1295 Santa Rosa LLC

**SUBJECT:** \_\_\_\_\_  
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: 1295 Santa Rosa 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. 01/17/2023 Date of filing/registration in Florida

4. L23000018286 Document number

5. (a) Midfield Management LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2401 S 25th St  
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

FILED  
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 TALLAHASSEE, FLORIDA

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 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.*

Mdm Signature of Registered Agent