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# (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

Date:

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Name:	STRETCH FL 8, LLC
Document #:	
Order #:	15946163

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	Thank you!

SUBJECT: STRETCH FL 8, LLC

Registration Section Division of Corporations

Name of Limited Liability Company

**COVER LETTER** 

Dear Sir or Madam:

TO:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christie Eady

Name of Person

Maynard Nexsen PC

Firm/Company

1901 Sixth Ave N, Suite 1700

Address

Birmingham, AL 35203

City/State and Zip Code

ceady@maynardnexsen.com

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

For further information concerning this matter, please call:

Christie Eady

Name of Person

at (\_\_\_\_\_\_\_) \_\_\_\_\_488-3521\_\_\_\_\_

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

## 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.

(a)	ame of the limited liability company: STRETC	(b)	
("	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(0)	Mailing address of limited liability company ( <u>Note: MAY BE POST OFFICE BOX</u> )
	6609 Woolbright Rd. #412		1820 NE Jensen Beach Blvd #675
	Boynton Beach, FL 33437		Jensen Beach, FL 34957
	02/21/2024		L24000090759
	Date of filing/registration in Florida	4.	Document number
	Registered Agent and Registered Office shown on the records of BHW STRETCH OPERATIONS, INC Registered Office Address <u>(MUST BE FLORIDA STREET</u> 1000 S POINTE DR PH 2803		
	Miami Beach FI	33139	102/02/20
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Helen Martin	Office address:	، ۵۰ میں ۲۰ میں ۲۰ میں ۲۰ ۱۰ میں ۲۰ میں
(b)		<u>l Office address</u> :	
(b)	Helen Martin	<u>l Office address</u> :	، ۵۰ میں ۲۰ میں ۲۰ ۲۰ میں ۲۰ میں

Peter W. <u>Williams, Jr.</u>

Peter W. Williams, Jr.

-/4Signature-state.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** for the limited liability company has been

Helen Martin

Signeture of Brgistered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)