

L24000090768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

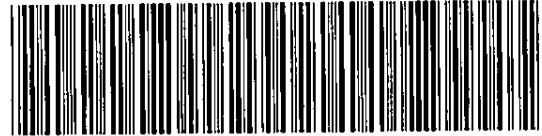
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

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

Date: 10/30/2024
Acc#I20160000072

en: c DW

Name:	STRETCH FL 9, LLC
Document #:	
Order #:	15946163

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Amount: \$ **25.00**

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRETCH FL 9, 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:

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 (205) 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.

1. Name of the limited liability company: STRETCH FL 9, LLC

2. (a) Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
311 East Woolbright Road
Boynton Beach, FL 33435

(b) Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)
1820 NE Jensen Beach Blvd #675
Jensen Beach, FL 34957

3. 02/21/2024 Date of filing/registration in Florida

4. L24000090768 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BHW STRETCH OPERATIONS, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1000 S POINTE DR PH 2803
Miami Beach, FL 33139

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

Helen Martin
NEW Registered Office Address:
448 NE Pier Way
Jensen Beach, FL 34957

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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.

Signed by:

Peter W. Williams, Jr.

Peter W. Williams, Jr.

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Helen Martin

Signature of Registered Agent

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