

L24000241552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

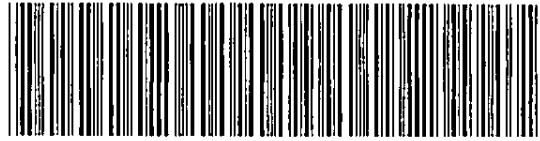
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400436269164

2025 JAN -8 AM 11:38
TALLAHASSEE, FLORIDA

FILED

2025 JAN -8 AM 11:23
TALLAHASSEE, FLORIDA

RECEIVED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Ben Bolen - Ben.Bolen@cscglobal.com
Ext:
Date: 01/08/25
Order #: 1759024-1
Re: OHANA VISTA APARTMENTS LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Ben Bolen", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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: OHANA VISTA APARTMENTS LLC

2. (a) 85 BAXTER STREET (b) 857 POST ROAD, #151

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

STRATFORD, CT 06615

FAIRFIELD, CT 06824

05/24/2024

L24000241552

3. Date of filing/registration in Florida

4. Document number

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

1165 N. HIGHWAY A1A, SUITE A

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

INDIALANTIC, FL 32903

(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

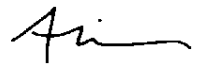
DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 2025 JAN -8 AM 11:38
 FILED

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.

/S/ DIANE DOMINICK
Signature of a member or authorized representative of a member

DIANE DOMINICK
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.


Signature of Registered Agent