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S. PRATHER

COVER LETTER

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	istration Section sion of Corporations				
SUBJECT:	LA MARE REGENCY 801 LLC				
301011.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to the	following:		
DMITRIY M	ELESHKO				
	Name of Person				
	Firm/Company				
425 HUEHL	RD BLDG 4 B				
	Address				
NORTHBRO	OOK, IL 60062				
	City/State and Zip Code				
CPA@GELT	ONLINE.COM				
E-mail	address: (to be used for future and	nual report notif	ication)		
For further i	nformation concerning this matter	, please call:			
DMITRIY N	IELESHKO	847 at (279-8448		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div P.O	iling Address: distration Section dision of Corporations disparations. Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enc	losed is a check for the following	g amount:			
≅ \$	25 Filing Fee	u s	55 Filing Fee & Certified Copy		
INHS18 (2/1-	4}				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company ibmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Na	me of the limited liability company: LA MARE REC	GENCY 801	LLC			
(a)		(b)	· _			
` .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited I (Note: MAY BE POST O	iability com	pany:
	10301 EAST BAY HARBOR DRIVE		10301 EA	ST BAY HARBOR DRI		<u>2.3</u>)
	BAY HARBOR, FL 33154		BAY HA	RBOR, FL 33154		
	09/11/2024		.24000397	7510		-
	Date of filing/registration in Florida		711000,777	Document number		
	GARY BEYER	٠,		Document manner		
(a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		_	>	?
	18101 COLLINS AVENUE, UNIT 4809				•	N24
	SUNNY ISLES BEACH	33160 L				
<i>(</i> 1.)	GARY BEYER				-	ငာ
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:		•	<u> </u>
		-				ب <u>-</u> د``
	NEW Registered Office Address:			_		(4)
	10301 EAST BAY HARBOR DRIVE			_		
	BAY HARBOR	33154				
ange	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited l	e registere	l office ar	nd the business office of	f the regist	tered
as/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the limi e limited li	ted liabili	ty company or as otherv npany.		
Signa	ture of a member-or authorized representative of a member			Printed or typed name of s	signee	
ovisi e obl mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing its agent as providely reflect a change in the registered agent as provided in writing of this change.	gree to act e performa ed for in C hereby con	n this cap nce of my hapter 60, nfirm that	pacity. I further agree to duties, and I am familion 5, F.S. Or, if this docur the limited liability con	o comply ar with an nent is bein nent is bein nent is bein nent is bein neut has	with the d acce ing file been
	Ele					
ignatu	re of Registered Agent					

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