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SEP OF CORE

COVER LETTER

Division of Corporations		
SUBJECT: 2500 Inversary Club Apartments, LLC Name of Limited Ciability 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:		
Name of Person United Property Management Firm/Company		
8730 NW 84 AVE Address Miami, FL 33147 City/State and Zip Code		
Ntrutillo Cunited Droperty Hat. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at (305) 558-000 Area Code & Daytime Telephone Number Code		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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:		

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

TO: Registration Section

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. Na	ame of the limited liability company: 2500 Inverrary C	lub toartments, LC
	3211 Pance De Leon BlvD (b) 3211	
2. (u)	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	•	te 301
	Coral Gables, PL 33134 Cora	1 Gobles, FL 33134
	7/1/05 M050	00003470
3,	Date of filing/legistration in Florida 4.	Document number
5. (a)	Barker, Rex M	···
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	le:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	Suite 801	
	Coral Galdes ,FL 33134	
(b)	20/LUCK, LYNN	22
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	CO 25 Females
	8730 NW 34 AVE	
	NEW Registered Office Address:	
	Miami ,FL 33147	_
If the l	imited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirmed that after
the cha	ange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it	e and the business office of the registered
was/w	ere authorized by an affirmative yote of the members of the limited liabili	ty company or as otherwise provided in
ine art	icles of organization or the operating agreement of the limited liability con	mpany.
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
I here provis the obt to mer notifie	by accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60 ely reflect a change in the registered office address, I hereby confirm that d'in vriting of this change.	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signate	tre of Rogistered Agent	
	Division of Corporations P.O. Box 6327 Tallaha	ssee FL 37314
,	FILING FEE: \$25.00	inducy a M UMULT