Division of Corporations

1111

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000224022 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866-2500 : (702)366-2689 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

doluments & neces lan

LLC REGISTERED AGENT CHANGE CONTEMPORARY COMMONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

œ

S. WARREN

Electronic Filing Menu

Corporate Filing Menu

Help AUS 2 4 2017

H 17 0 002240223

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Contemporo	me of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	Tice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	his matter to the following:		
Nadine Long			
Name of Person			
InCorp Services, Inc.	•		
Firm/Company			
3773 Howard Hughes Pkwy, Sul	ite 500S		
Address			
Las Vegas, NV 89169-601	14		
City/State and Zip Code			
documents@incorp.com	r		
E-mail address: (to be used for future an			
For further information concerning this matter	r, please call:		
Nadine Long	at (702) 866-2500		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the followin 2 \$25 Filing Fee	MAILING ADDRESS: Registration Crition Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 amount:		
_	-		
H.	17000 224 0223		

H 17000 2240223

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	me of the limited liability company:	em	porary	Common	15,00	-C	
2. (a)	2837 E. Atlantic Blvd. PMB #141		(h) 2637 E.	Atlantic Blvd. PME	3 #141		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` '	Mailing address of limite (Note: MAY BE POS	d liability cor		_
	POMPANO BEACH, FL 33062		POMPAN	IO BEACH, FL 33	062		_
	06/27/2013		M1300000	· 			
3.	Date of filing/registration in Florida	4	•	Document number			
5. (a)				•			
	Registered Agent and Registered Office shown on the records	of the F1	orida Dept. of State	::			
	2637 E Atlantic Blvd. Pmb #141			-			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u>=</u> ;	17		
	<u> </u>			•		AUG .	
	Pompano Beach	FL	33062	_		6 23	
(b)	InCorp Services, Inc.				SS	3 AH	
	Enter name of NEW Registered Agent and/or NEW Registe	red Offic	e address:		<u> </u>	လ်	
	17888 67th Court North				- 2	£	
	NEW Registered Office Address:			•	,, <u>-</u>		
	Loxahatchee, FL 33470		-				
				•			
	Loxahatchee	FL	33470	_			
the che agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limitedere authorized by an affirmative vote of the member icles of organization or the operating agreement of	s of the i d liabiliters of the the limit	registered office y company, it is limited liabilit	e and the business of s hereby confirmed to y company or as oth apany.	Tice of the that the che erwise pro	negiste (s)agne	red
_	ture of a member or authorized representative of a member			Printed or typed name			
I here provisi the obi to mer- notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.				e to compl sillar with a cument is b company h	y with t and acc seing fit as heen	the cept led t
Signatu	Nadine Long on bel	nair of i	nearb servic	es, HIG.			

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