

MIL0009006485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

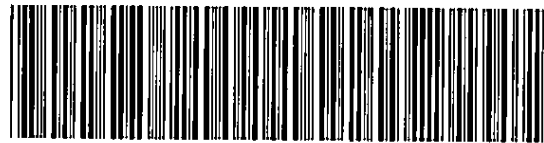
(Business Entity Name)

(Document Number)

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/15/21

NAME: 6850 SW 81ST TERRACE LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

a Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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November 16, 2021

FLORIDA FILING

SUBJECT: 6850 SW 81ST TERRACE, LLC
Ref. Number: M16000006485

We have received your document for 6850 SW 81ST TERRACE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

An individual must sign on behalf of the business entity you have designated as the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 221A00027778

Please keep original file date
Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 6850 SW 81st Terrace 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:

Name of Person

Delaney Corporate Services, Ltd.

Firm/Company

99 Washington Avenue, Suite 805A

Address

Albany, NY 12210

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Swantek

at (512) 499-8999

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

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

INHS18 (2/14)

**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: 6830 SW 81st Terrace LLC
2. (a) 199 West Road, Suite 101, Pleasant Valley, NY 12569
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 199 West Road, Suite 101, Pleasant Valley, NY 12569
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 08/15/2016 Date of filing/registration in Florida
4. M16000006485 Document number

5. (a) Cogency Global, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
115 North Calhoun Street, Suite 4, Tallahassee, FL 32301
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

- (b) NRAI Services, Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324

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.

Signature of a member or authorized representative of a member

Joseph T. Kirchhoff

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.

By: Joseph T. Kirchhoff
Signature of Registered Agent

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

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TALLAHASSEE, FL