

MI7 000000807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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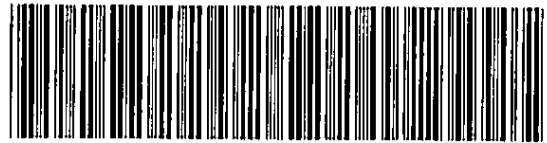
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

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Y SULKER

SEP 23 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2019

CARDINAL LEM TURNER PLAZA LLC
10095 MAIN ROAD UNIT 4
MATTITUCK, NY 11952

SUBJECT: CARDINAL LEM TURNER PLAZA LLC
Ref. Number: M17000000807

We have received your document for CARDINAL LEM TURNER PLAZA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 119A00017533

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**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: Cardinal Lem Turner Plaza, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

10095 Main Road, Unit 4

Mattituck, NY 11952

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

10095 Main Road, Unit 4

Mattituck, NY 11952

1/27/2017

M17000000807

3. _____ Date of filing/registration in Florida

4. _____ Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Lee G. Kellison, Esq.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6817 Southpoint Parkway, Suite 603

Jacksonville, FL 32216


(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

599 Atlantic Boulevard, Suite 4

Atlantic Beach, FL 32233


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

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

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

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