7/11/2019



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.

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	Account Name : C T CORPORATION : Account Number : FCA000000023	2121¢W	· ;	8
	Phone : (614)280-3338			
	Fax Number : (954)208-0845			
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Corporate Filing Menu

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Electronic Filing Menu

STATEMENT OF CHANCE 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.

L N	ame of the limited liability company: EMIF BAYMEADO	OWS MANAGEME	ENTILLO	·· ····			
(·- <i>y</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (9/	Mailing address of limited list (Note: MAY BE POST OF	bility company	<i>/</i> :		
	No change No change						
	02/15/2017	M17000001	1330				
3.	Date of filing/registration in Florida	4.	Document number		-		
5. (a) (b)	Joseph G Lubeck		50	2 2			
	Registered Agent and Registered Office shown on the records of the 11911 US Highway 1, Suite 204	<u> </u>		~			
	\mathcal{S}				1		
	North Paim Beach, FL_3		- ERS	PM 3:			
	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered O		FI.	ਜ ⊘ 80			
	Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:	(*)				
	1200 South Pine Island Road						
	NEW Registered Office Address:						
	Suite 250						
	Plantation , FL 3	3321					
the chagent was/v	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	he registered offic bility company, it the limited fiabili	te and the business office is hereby confirmed that ty company or as otherw	e of the regi the change	istered (s)		
	- Hanne	James Miller		• .			
	nature of a member of emorized representative of a member		Printed or typed name of si	=	م ماه ماه		
I her provi the oil	eby accept the appointment as registered agent and agre sions of all deputes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I had	e to act in this cap erformance of my for in Chapter 60 creby confirm that	pacity, I further agree to sluttes, and I am familia 15, F.S. Or, if this docum t the limited liability con	o comply will ir with and i went is being apany has b	in ine accepi g filed cen		
<i>notiți</i> By:	ed în wriling of this change. CT Corporation System	_	Ifred Younar				
	ture of Registered Agent	Assis	stant Secret	arv			
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FILING FEE: \$25.00

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