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(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

11/15/21

NAME: 19440 S. TAMIAMI TRAIL LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Divi	sion of Corporations							
SUBJECT:	19440 S. Tamiami Trail LLC Name of Limited Liability Company							
Jobo Lei.								
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.					
Please return	all correspondence concerning thi	s matter to the fol	llowing:					
	Name of Person							
Delaney Corp	orate Services, Ltd.							
	Firm/Company		•					
99 Washingto	on Avenue, Suite 805A							
—-	Address							
Albany, NY 1	2210							
	City/State and Zip Code		•					
E-mail	address: (to be used for future annu	ual report notifica	tion)					
For further in	nformation concerning this matter,	please call:						
Jennifer Swan	ntek	512 at (499-8999)					
	Name of Person		Area Code & Daytime Telephone Number					
	EET/COURIER ADDRESS:		LING ADDRESS:					
	stration Section	Registration Section						
	sion of Corporations	Division of Corporations						
	on Building	P.O. Box 6327						
	Executive Center Circle shassee, Florida 32301	Tallal	hassee, Florida 32314					
Encl	losed is a check for the following	amount:						
□ \$ 2	25 Filing Fee	\$55 1	Filing Fee & Certified Copy					
NHS18 (2/14)							

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. N	ame of the limited liability company:	Trail L	LC					_	
2. (a)	199 West Road, Suite 101, Pleasant Valley, NY 12569	(<u>ъ</u>)	199 Wast	Road, Suite 10	I, Pleasan	t Valle	y, NY	12569
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ` -			Mailing address (Note: MAY	of limited 1	iablilty	compar	
	08/24/2017	-	<u>м</u>	17000007	7306				
3.	Date of filing/registration in Florida	4.			Document n	umber			
5. (a)					_				
	Registered Agent and Registered Office shown on the records of the 801 US Highway 1, North Palm Beach, PL 33408	e Florid	lo D	ept. of Stat	le:			202	
	Registered Office Address (MUST BE FLORIDA STREET A)	ODRES	37		_	ALLA	SET.	2021 HOV 15	-
					- -	HASS S	TARY OF	15 AM 8:	
4.3	NRAI Services, Inc.					1 7	ST	<u>ფ</u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office at	dd re	<u>::3</u> :	-	ר ר	ATE	5 9	
	NEW Registered Office Address:	•			_				
	1200 South Pine Island Road				_				
	Plantation , FL	33324							
the cha agent i was/wa	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regi offity c the fin imited	iste om nite lial	red offic pany, it i d liabilit	e and the busi is hereby conf ly company of npany.	iness offic	ce of t	the regi	istered
Signa	ture of a member or authorized representative of a member	-	-,,-10		Printed or type	ed name of	Janee		
the obline in the mer notified By:	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	e to ac erform for in ereby c	rt in tand Che conf	this cap ce of my apter 60: irm that	anitu I funik	an aanaa l		nply wi th and is being y has b	th the accept g filed een

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