

MI70000 10832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

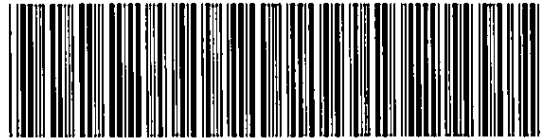
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000319767980

10/18/18--01040--009 \*\*25.00

FILED  
OCT 18 A 6:31



BEACHWOLD  
RESIDENTIAL

192 LEXINGTON AVENUE • SUITE 901 • NEW YORK, NY 10016

October 17, 2018

Florida Department of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

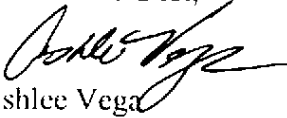
RE: Change of Registered Agent Forms and Payment

To whom it may concern:

Enclosed are twenty-eight (28) Change of Registered Agent forms, and payment by check for each, in the amount of \$25.00.

Please reach out to me directly at the number or email address below should you have any questions or concerns.

Thanks and Best,



Ashlee Vega

(646) 354-2114  
[avega@beachwold.com](mailto:avega@beachwold.com)

FILED  
OCT 18 A 6:31  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BW SOLA APARTMENTS 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:

ASHLEE VEGA

\_\_\_\_\_  
Name of Person

BEACHWOLD RESIDENTIAL, LLC

\_\_\_\_\_  
Firm/Company

192 LEXINGTON AVENUE, SUITE 901

\_\_\_\_\_  
Address

NEW YORK, NY 10016

\_\_\_\_\_  
City/State and Zip Code

AVEGA@BEACHWOLD.COM

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

For further information concerning this matter, please call:

ASHLEE VEGA

\_\_\_\_\_  
Name of Person

at ( 646 ) 354-2114

\_\_\_\_\_  
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

FILED  
OCT 18 A 6:31  
TALLAHASSEE, FLORIDA

**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: BW SOLA APARTMENTS LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

192 LEXINGTON AVENUE, SUITE 901

NEW YORK, NY 10016

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

192 LEXINGTON AVENUE, SUITE 901

NEW YORK, NY 10016

12/21/2017

M17000010832

3. Date of filing/registration in Florida

4. Document number

5. (a) CT Corporation System

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

1200 South Pine Island Road

Plantation, FL 33324

(b) South Oxford Management LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

3701 Danforth Drive #804

Jacksonville, FL 32224

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

Gideon Z. Friedman

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

OCT 18 A 6:31

FILED