## MIGODDDJJ

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Carified Caries
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
SEP - 5 2023
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## FLORIDA FILING & SEARCH SERVICES, INC P.O. BOX 10662 TALLAHASSEE, FL 32301 PHONE: (800) 435-9371

DATE: 9/01/02023

.

NAME: 14700 CARIBBEAN WAY LLC

TYPE OF FILING: CHANGE OF RA

COST: 25.00

**RETURN: PLAIN COPY PLEASE** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

		COVER LETTER
	gistration Section vision of Corporations	
SUBJECT	14700 CARIBBEAN WAY LLC	
5000000		Limited Liability Company
Dear Sir or	Madam:	
The enclos	ed Registered Agent/Registered Office (	Change and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this m	atter to the following:
	Name of Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
	City/State and Zip Code	
E-ma	il address: (to be used for future annual)	report notification)
r or further	information concerning this matter, plea	se can.
	a	t ()
	Name of Person	t () Area Code & Daytime Telephone Number
	ailing Addr <u>ess:</u>	Street Address:
	gistration Section	Registration Section
	vision of Corporations	Division of Corporations
P.0	D. Box 6327	The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Enclosed is a check for the following amount:

□ \$25 Filing Fee

Tallahassee, FL 32314

□ \$55 Filing Fee & Certified Copy

## 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.

(a)		(ł	b)Mailing address of limited liability c		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX		
	1000 E HALLANDALE BEACH BLVD		1000 E HALLANDALE BEACH BLVD		
	HALLANDALE BEACH, FL 33009		HALLANDALE BEACH, FL 33009		
	03/20/2019		M19000002721	<u>.                                    </u>	
	Date of filing/registration in Florida	4.	Document number		
	CONDARY CEDUICE COMPANY				
	CONDANY CEDUCE COMPANY				
	CORPORATION SERVICE COMPANY Registered Office Address <u>(MUST BE FLORIDA STREE</u> 1201 HAYS STREET	ET ADDRES.	<u>s</u>	23	
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 1201 HAYS STREET		<u>S</u>	23 SE;	
	Registered Office Address (MUST BE FLORIDA STRE		<u>S</u>	23 SEP - 1	
(b)	Registered Office Address (MUST BE FLORIDA STREE 1201 HAYS STREET TALLAHASSEE	FL	SJ	23 SEP -1 ILED	
(b)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> 1201 HAYS STREET TALLAHASSEE	FL	SJ	23 SEP -1 ED	
(b)	Registered Office Address (MUST BE FLORIDA STREE 1201 HAYS STREET TALLAHASSEE	FL		23 SEP - 1 IED	
(b)	Registered Office Address (MUST BE FLORIDA STREET   1201 HAYS STREET   TALLAHASSEE   Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FL	ddress:	23 SEP - 1 ILED	
(b)	Registered Office Address (MUST BE FLORIDA STREET   1201 HAYS STREET   TALLAHASSEE   Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> DBO Services LLC	FL	S) ddress:	23 SEP - 1 ED	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby contributed 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.

/s/ Ezra Rosenberg

Ezra Rosenberg

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.

/s/ Devorah Glazer

Signature of Registered Agent

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