

119 000004432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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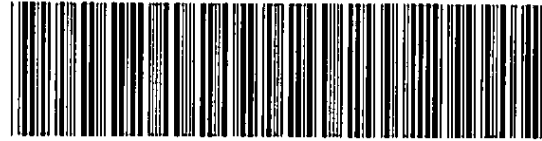
(Business Entity Name)

(Document Number)

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4/25/21

1. *Journal of the American Medical Association*, 1990; 263: 1025-1028.

2. 2

2

Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

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Name of Person

Michael J. Menchise, Esq.

Michael J. Menchise, Esq.

12008 South Shore Blvd. Suite 201

12008 South Shore Blvd, Suite 201

Wellington, Fl. 33414

Wellington, Fl. 33414

michaelmenchise@kw.com

michaelmenchise@kw.com

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person Area Code & Daytime Telephone Number

Area Code &amp; Daytime Telephone Number

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

~~X~~ \$25 Filing Fee

INHS18 (2/14)

**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.*

Makai Southeast LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

12008 South Shore Blvd, Suite 201

Wellington, FL 33414

4/23/19

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

12008 South Shore Blvd, Suite 201

Wellington, FL 33414

M1900000-4432

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date of filing/registration in Florida

Document number

CT Corporation System

5. (a) \_\_\_\_\_

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

CT Corporation System

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

Plantation

33324

FL

Michael J. Menchise, Esq

(b) \_\_\_\_\_

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

Michael J. Menchise, Esq

NEW Registered Office Address:

12008 South Shore Blvd, Suite 201

Wellington

33414

FL

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