

M20000000/633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

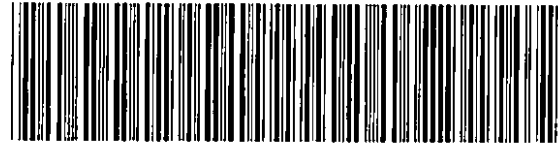
(Business Entity Name)

(Document Number)

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2023 NOV -2 PM 12:40

DEPT OF STATE
DIVISION OF CORPORATIONS

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2023 NOV -2 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. HUNT

11/02/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVISA LAKES 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATE OF FLORIDA
DIVISION OF CORPORATIONS
2023 NOV -2 PM 12:40

**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: AVISA LAKES APARTMENTS, LLC
2. (a) 1001 Brickell Bay Dr. Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
STE 1504
Miami, FL 33131
- (b) 1102 A1A N Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
STE 206
Ponte Vedra, FL 32082
3. 02/10/2020 Date of filing/registration in Florida
4. M20000001633 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LLOYD JONES LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1001 BRICKELL BAY DR STE 1504

MIAMI, FL 33131

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

CCS Global Solutions, Inc.

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

FILED
DIVISION OF CORPORATIONS
2023 NOV -2 PM 12:40

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.

/s/ Jason Tennenbaum

Jason Tennenbaum

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/ Joanne Caswell

Assistant Secretary

Signature of Registered Agent

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