

12/3/21, 4:21 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
500 JORDAN STUART PROPERTY GP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2021 DEC -3 PM 4:28

TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2021 DEC -3 PM 2:08

FILED

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: 500 Jordan Stuart Property GP, LLC

2. (a) 7900 GLADES RD STE 500 (b) 7900 GLADES RD STE 500

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

BOCA RATON, FL 33434

(b) 7900 GLADES RD STE 500

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

BOCA RATON, FL 33434

09/09/2020

M200000007825

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

HILLSLEY, SHANE

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

7900 GLADES RD STE 500

BOCA RATON FL 33434

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

Corporate Creations Network Inc.

NEW Registered Office Address:

801 US Hwy 1

North Palm Beach F1 33408

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

Sean Arno, Attorney-in-Fact

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

Danielle Gossman, Special Secretary

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

INHS18 (2/14)