

MZ1 000000 4381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

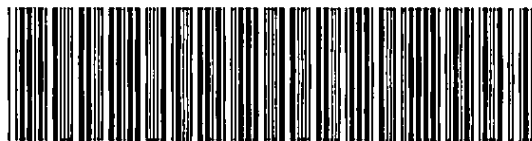
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

10/17

Office Use Only



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ALL REQUESTS MUST BE
MADE IN PERSON AT THE
CLERK'S OFFICE

2022 OCT 17 AM 7:47

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OCT 18 2022
S. PRATHEE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vantage SPE, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Paesano
Name of Person

Paesano Akkashian, PC
Firm/Company

7457 Franklin Rd, Suite 200
Address

Bloomfield Hills, MI 48301
City/State and Zip Code

lgonino@palawyers.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Paesano at (248) 792-6886
Name of Person 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 ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2022

PAESANO AKKASHIAN APKARIAN, PC
7457 FRANKLIN ROAD, SUITE 200
BLOOMFIELD HILLS, MI 48301

SUBJECT: VANTAGE SPE, LLC
Ref. Number: M21000004381

We have received your document for VANTAGE SPE, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 622A00022145

OCT 17 2022

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Vantage SPE, LLC

Enter new principal office address, if applicable:

(Principal office address)

MUST BE A STREET ADDRESS

Vantage St. Pete
160 16th Street N
Saint Petersburg, FL 33705

Enter new mailing address, if applicable:

(Mailing address)

MAY BE A POST OFFICE BOX

Vantage St. Pete c/o Pegasus Residential
160 16th Street N
Saint Petersburg, FL 33705

2. The Florida document number of this limited liability company is: M21000004381

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: MARCH 25, 2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida**
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

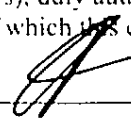
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARK DEMARIA	600 S Adams St 330	<input type="checkbox"/> Add
		Birmingham, MI 48009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


 Signature of the authorized representative

Anthony Paesano, Authorized Representative
 Typed or printed name of signee

Filing Fee: \$25.00

2022 OCT 17 AM 7:47
 FILED
 MI
 CLERK OF CIRCUIT COURT
 FLORIDA