Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000222200 3)))



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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email	Address	:	
CIII O Z Z	7441 533	•	

LLC REGISTERED AGENT CHANGE FLAGLER SEAVIEW INVESTOR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

pg 2 of 3 H22000222200 3

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FLAGLER SEAVIEW INVESTOR, 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:
Joshua Murphy
Name of Person
Name of Leison
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joshua Murphy 888 705-7274
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
+·····································
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

S25 Filing Fee

O 06/28/2022 9:44 AM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

 \rightarrow 18506176383

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

Name of the limited liability company:	- LAGEET		AVIEW INVESTOR, LLC		
146 SEMINOLE AVE	ENUE	((b) C/o Haymes Investment Co.		
Principal office address of limited lia	office address of limited liability company: BCH, FL 33480		Mailing address of limited liability compa		
			(Note: MAY BE POST OFFICE BOX) 461 Eighth Avenue24th Floor		
TALINI DOTT, TE 3040					
		_	New York, NY 10001		
7/9/2021			M21000008734		
Date of filing/registration in	Florida	4.	Document number		
BLUMBERGEXCELSIOR CORPORATE SERVICES INC					
a)			ES INC		
Registered Agent and Registered Office show					
a)	vn on the records of	the Flori	da Dept, of State;		
Registered Agent and Registered Office show 155 OFFICE PLAZA	vn on the records of	the Flori	da Dept, of State:		
Registered Agent and Registered Office show 155 OFFICE PLAZA	vn on the records of A DRIVE	the Flori	da Dept, of State: FL SS)		
Registered Agent and Registered Office show 155 OFFICE PLAZA Registered Office Address (MUST BE FI TALLAHASSEE Registered Agent Solut	on on the records of A DRIVE	the Florion 1 ST	da Dept, of State: FL SS)		
Registered Agent and Registered Office show 155 OFFICE PLAZA Registered Office Address (MUST BE FI TALLAHASSEE Registered Agent Solut	NORIVE LORIDA STREET FI ions, Inc.	the Florid 1ST ADDRES	da Dept, of State; FL SS) 01		
Registered Agent and Registered Office show 155 OFFICE PLAZA Registered Office Address (MUST BE FI TALLAHASSEE Registered Agent Solut	NORIVE LORIDA STREET FI ions, Inc.	the Florid 1ST ADDRES	da Dept, of State; FL SS) 01		
Registered Agent and Registered Office show 155 OFFICE PLAZA Registered Office Address (MUST BE FI TALLAHASSEE Registered Agent Solut Enter name of NEW Registered Agent and/o	NORIVE LORIDA STREET FI ions, Inc.	the Florid 1ST ADDRES	da Dept, of State; FL SS) 01		
Registered Agent and Registered Office show 155 OFFICE PLAZA Registered Office Address (MUST BE FI TALLAHASSEE Registered Agent Solut Enter name of NEW Registered Agent and/o 155 Office Plaza Dr.	NORIVE LORIDA STREET FI ions, Inc.	the Florid 1ST ADDRES	da Dept, of State; FL SS) 01		

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/	Thomas Fama		Thomas Fama	Authorized Person
Signature of a member or authorized representative of a member		Printed or	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.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent