

9/9/22, 2:11 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M21000015987

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.

(((H22000312460 3)))



H220003124603ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

**LLC REGISTERED AGENT CHANGE
HAVEN SPE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 SEP -9 PM 3:28

FILED
2022 SEP -9 PM 4:47

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX
SEP 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HAVEN SPE, 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:

Anastasia Degroat
Name of Person

Vcorp Services, LLC
Firm/Company

25 Robert Pitt Drive Suite 204
Address

Monsey, NY 10952
City/State and Zip Code

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

For further information concerning this matter, please call:

Anastasia Degroat at (888) 528-2677
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
--	--

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee
- ☐ \$55 Filing Fee & Certified Copy

DocuSign Envelope ID: 09EFED0D-3560-456A-A6CC-2DAC69D7328F

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: HAVEN SPE, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
4550 EXPLORER DRIVE
WEST MELBOURNE, FL 32904

2. (b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*
4550 EXPLORER DRIVE
WEST MELBOURNE, FL 32904

3. 11/30/2021
Date of filing/registration in Florida

4. M21000015987
Document number

5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1201 HAYS STREET
TALLAHASSEE, FL 32301

5. (b) NEW Registered Agent and/or NEW Registered Office address:
Vcorp Services, LLC
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

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.

Rohun Jauhar
Signature of a limited liability company or authorized representative of a member

Rohun Jauhar
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.

By: ANTHONY PALAZZO
Signature of Registered Agent

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

INHS18 (2/14)
FL015 - 7/17/2019 Voluntary Kiosk Online