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| Special Instructions to Fi | ling Officer: | | | | |
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COVER LETTER

| | stration Section sion of Corporations | | |
|-----------------------|--|--------------------|--|
| SUBJECT: | 13FH TORINO, LLC | | |
| | N | ame of Limited L | iability Company |
| Dear Sir or M | fadam: | | |
| The enclosed | Registered Agent/Registered O | ffice Change and | fee(s) arc submitted for filing. |
| Please return | all correspondence concerning | this matter to the | following: |
| LINDSAY FO | OSTER | | |
| | Name of Person | | |
| 13FH TORIN | O, LLC | | |
| | Firm/Company | | _ |
| 330 SW 2ND | STREET, SUITE 110 | | |
| | Address | | |
| FORT LAUD | ERDALE, FL 33312 | | |
| | City/State and Zip Code | | |
| AP@13THFL | OORHOMES.COM | | |
| E-mail | address: (to be used for future ar | nual report notifi | cation) |
| For further in | formation concerning this matte | r, please call: | |
| LINDSAY FO | OSTER | 518 | 928-2989 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| Regi Divis P.O. | ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| | osed is a check for the followin | - | Tallahassee, FL 32303 55 Filing Fee & Certified Copy |

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. 1 | Name of the limited liability company: 13FH TORINO. | LLC | | | | |
|--------------------------|--|--|--|--|--|--|
| 2. (a | 330 SW 2ND STREET, STE 110 | 330 SW 2ND STREET, STE 110 (b) 330 SW | | | | |
| · | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (-/. | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) | | | |
| | FORT LAUDERDALE, FL 33312 | | FORT LAUDERDALE, FL | 33312 | | |
| | 02/11/2022 | M | 22000002282 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document numb | per | | |
| 5. (a | TIMOTHY SANDERS | | | | | |
| . (| Registered Agent and Registered Office shown on the records of 2850 TIGERTAIL AVENUE, SUITE 701 | ept. of State: | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | | 7 2 | | | |
| | MIAMI ,, FL | 33133 | | 2022 AUS 21 | | |
| (b) | TIMOTHY SANDERS | | | 2 配 | | |
| (0 | Enter name of NEW Registered Agent and/or NEW Registered | <u>ess</u> : | 5 1 | | | |
| | 330 SW 2ND STREET, STE 110 | | رويبر 8 ا | | | |
| | NEW Registered Office Address: | | | | | |
| | FORT LAUDERDALE , FL | 33312 | | | | |
| chang agent was/v | limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the opening agreement of the | registered of ability comp of the limite | office and the business off pany, it is hereby confirmed d liability company or as | fice of the registered ed that the change(s) | | |
| | | ARNA | UD KARSENTI | | | |
| • | ature of a member or authorized refilesentative of a member | | Printed or typed name | · | | |
| provi the oi to me | eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a writing of this change. | performanc | e of my duties, and I am f | amiliar with and accept | | |
| Signa | ure of Registered Agent | | | | | |

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