Florida Department of State

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.

(((H22000436370 3)))



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 : REGISTERED AGENT SOLUTIONS INC

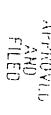
Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

| Email | Address: | | |
|-------|----------|--|--|
|-------|----------|--|--|

LLC REGISTERED AGENT CHANGE MIDTOWN PAL FLAGLER VILLAGE, LLC

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



Electronic Filing Menu

Corporate Filing Menu

Help

STOR E O HAL



COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| CODUCE: | agler Village, LLC |
| | ne of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | is matter to the following: |
| Mary Castillo | |
| Name of Person | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| Corporate Center One, 5301 Southwes | st Pkwy, Ste 400 |
| Address | |
| Austin, TX 78735 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future ann | nual report notification) |
| For further information concerning this matter, | please call: |
| Mary Castillo | 888 705-7274 |
| Name of Person | Area Code & Daytime Telephone Numbe |
| 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 |

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: Midtown | PAL Flagler \ | /illage, LLC |
|---|---|---|
| _{2. (a)} 424 LUNA BELLA LN STE 114 | _(b) 424 L | UNA BELLA LN STE 114 |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | () / <u></u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| NEW SMYRNA BEACH, FL 321 | 68 NEW | SMYRNA BEACH, FL 32168 |
| 3/28/2022 | M2200 | 00004653 |
| 3. Date of filing/registration in Florida 5. (a) SAYDEH, NEIL | 4. | Document number |
| 5. (a) Registered Agent and Registered Office shown on the records of 7250 RED BUG LAKE RD STE | • | _ te: |
| Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | _ |
| OVIEDO | _{FL} 32765 | 20221 |
| (b) Registered Agent Solutions, Inc. | | FIL PIL PIL PIL DIEC 29 |
| Enter name of NEW Registered Agent and/or NEW Register | ed Office address: | mÆć |
| 155 Office Plaza Dr. | | |
| NEW Registered Office Address: Suite A | | |
| Tallahassee | _L 32301 | _ |
| If the limited liability company is not organized under the I the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the | of the registered offic liability company, it i s of the limited liabilit | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in |
| /s/ Patricia R. Fitzgerald | ŕ | CTION: ELC its Manager by Patricia R. Frizgerald: Authorized Person |
| Signature of a member or authorized representative of a member | | Printed or typed name of signee |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change. | te performance of my | duties, and I am familiar with and accent- |
| Signature of Registered Agent | | |