

M22 000005 111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

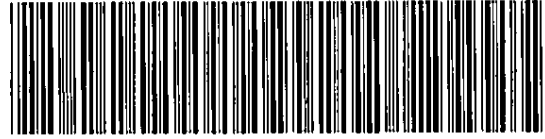
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

J. HORNE
FEB 20 2024

Office Use Only



300422228093

02/20/24--01001--003 **25.00

FILED
24 FEB 19 AM 9:47
RECEIVED
STATE
OF
MISSISSIPPI
COMMERCIAL

RECEIVED
2024 FEB 19 PM 2:21
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05/01/2014 BY 60322 JLD/STP

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

2160 NE 1ST SP, LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

1/09/23

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2160 NE 1ST SP. 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:

CHRISTY MENDOZA
Name of Person

FILEJET INC.
Firm/Company

10440 PIONEER BLVD STE 8
Address

SANTA FE SPRINGS, CA 90670
City/State and Zip Code

REGISTEREDAGENT@FILEJET.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTY MENDOZA at (949) 259-5955
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
- \$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: 2160 NE 1ST SP, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
100 WILSHIRE BLVD STE. 400
SANTA MONICA, CA 90401

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
100 WILSHIRE BLVD STE. 400
SANTA MONICA, CA 90401

3. 04/04/2022 Date of filing/registration in Florida

4. M22000005111 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
NRAI SERVICES INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

FILED
 24 FEB 19 AM 9:41
 TALLAHASSEE, FLORIDA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
FILEJET INC.
NEW Registered Office Address:
625 E. TWIGGS ST. STE. 110
TAMPA, FL 33602

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.

Clark W. Porter
 Signature of a member or authorized representative of a member

CLARK W. PORTER
 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.

Clark W. Porter
 Signature of Registered Agent