

M220000011962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

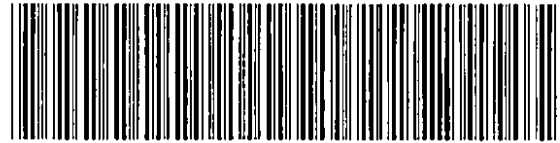
(Document Number)

Additional Copies _____

Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only



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2023 JAN 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FL

○

11:41:20



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01/25/2023

Name: Jennifer Bialowas

Reference #: 1888988

Entity Name: SURESTE PARK PLACE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

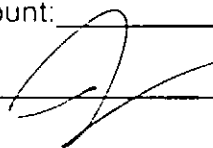
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: 25.00

Signature: 

**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: SURESTE PARK PLACE LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>1111 Brickell Ave, Suite 2960</u> <u>Miami, FL 33131</u> <u>07/25/2022</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>M22000011962</u>
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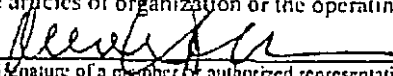
3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Michael Crow
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
350 Ocean Drive, Unit 303 N
Key Biscayne, FL 33149

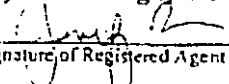
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Cogency Global Inc.
NEW Registered Office Address:
115 North Calhoun Street, Suite 4
Tallahassee, FL 32301

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TALLAHASSEE, FL

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.

 Signature of a member or authorized representative of a member	<u>Michael Crow</u> Printed or typed name of signee
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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.

X  Assistant Secretary
Signature of Registered Agent

Division of Corporations P.O. Box 63270 Tallahassee, FL 32314
FILING FEE: \$25.00