

M22000012950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

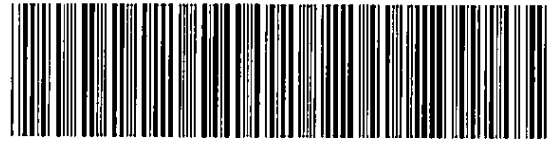
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Special Instructions to Filing Officer:

J. HORNE
AUG 20 2024

Office Use Only



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2024 AUG 19 AM 10:02

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2024 AUG 19 PM 1:37

ALLAHABAD, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 08/19/2024

****WALK IN****

ENTITY NAME BELMONT VILLAGE AVENTURA, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

S R J

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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: BELMONT VILLAGE AVENTURA, LLC

2. (a) 444 W. Lake St. Suite 2100 Chicago, IL 60606 US
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 444 W. Lake St. Suite 2100 Chicago, IL 60606 US
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 08/18/2022 Date of filing/registration in Florida

4. M22000012980 Document number

5. (a) C T CORPORATION SYSTEM
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 SOUTH PINE ISLAND ROAD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

PLANTATION, FL 33324

(b) Registered Agents Inc

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

7901 4th St N

NEW Registered Office Address:

Ste 300

St. Petersburg, FL 33702

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.

/s/ Michael Gershowitz

Signature of a member or authorized representative of a member

Michael Gershowitz

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.

/s/ David Roberts

Signature of Registered Agent

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

FILED
2024 AUG 19 AM 10:02
STATE OF FLORIDA
TALLAHASSEE