Division of Corporations Electronic Filing Cover Sheet

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.

(((H24000354215 3)))



H240003542153ABC-

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 : C I CORPORATION SYSTEM

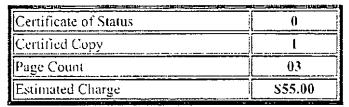
Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOLARIS 705 LLC



Electronic Filing Menu Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

2024-10-23 14:23:09 CST

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	s on the records of the Florida	Department of	
State: SOLARIS 705 LLC			
Enter new principal office address, if applicable.			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		2024 OCT 23	
Enter new mailing address, if applicable. (Mailing address MAY BE A POST OFFICE BOX)	999 Ponce de Leon Blvd. Suit Coral Gubles, FL 33134	C (30)	
<u>simi mizir gar garren no.a</u>	-	FLORID	
2. The Florida document number of this limited lia	ability company is: X12300060	•	
3. Jurisdiction of its organization: DELAWARE			
4. Date authorized to do business in Florida: Marc			
SECTION II (5-9 complete only the applicable	changes)		
5. New name of the limited liability company: (must	t contain "Limited Liability Co	ompany, ""L.I. C.," or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managets or mainist contain "Limited Liability Company," "L.L.C	naging members adopting the	business in Florida and attach a alternate name. The alternate name	
6. If amending the registered agent and/or registere registered agent and/or the new registered office ag		ds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		7.0 412	
	Enter Florida Street Address		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the approximent as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as registed document is being filed to merely reflect a change liability company has been notified in writing of the	nt and agree to act in this capt and complete performance of ered agent as provided for in (in the registered office addres	my duties, and I am familiar with Thapter 605, F.S. Or, if this	

, Page: 4 of 4

litle! Capacity	<u>Name</u>	Address Ty	pe of Action
AP	Monique Bardino	999 Ponce de Leon Blvd. Suite 730	_ ≣ Add
		Coral Gables, FL 33134	_ □Remo
\P	Mike Bernstein	999 Ponce de Leon Blvd. Suite 730	_ ■Add
		Coral Gables, FL 33134	_ !_lRcmov
		TALL ATIASSEE, FLORIUM	_ <u></u>
			_ □Add
aforemention	certificate, if required; no more that ned amendment(s), duly authenticated inder the law of which this entity is c	d by the official having custody of records in the	_ Remov

Filing Fee: 825.00