



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.

((H24000128661 3)))



H240001286613ABC/

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 : GREENSPOON MARDER, P.A.
Account Number : 076064003722
Phone : (888)491-1120 X6217
Fax Number : (954)333-2132
GM FILE NO. 31028.0006

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

Email Address: thefallsmb@taplinfallsllc.com

FILED
2024 APR -9 PM 1:18
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-11-2011 BY 60321

**LLC REGISTERED AGENT CHANGE
FALLS MANAGEMENT SERVICES COMPANY**

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

J. HORNE

APR 10 2024

2024 APR -9 PM 2:50

FILED

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FALLS MANAGEMENT SERVICES COMPANY
Name of Corporation

DOCUMENT NUMBER: P03000002153

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Rachel Szalas

Name of Contact Person

Taplin Development Corporation

Firm/Company

13651 N.W. 4TH STREET

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

thefallsmb@taplinfallsld.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Szalas

Name of Contact Person

at (954) 437-1435
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FALLS MANAGEMENT SERVICES COMPANY
 2. The principal office address: 13651 N.W. 4TH STREET, PEMBROKE PINES, FL 33028

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/07/2003 Document number: P03000002153

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

LILIAN GIL

13651 N.W. 4TH STREET

PEMBROKE PINES, FL 33028

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JENNIFER RACHEL SZALAS

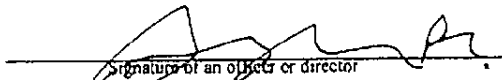
13651 N.W. 4TH STREET

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33028

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

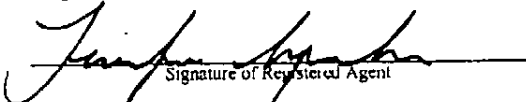
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


 Signature of an officer or director

JACK TAPLIN, PRESIDENT

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


 Signature of Registered Agent

2/21/24

Date

If signing on behalf of an entity:

Jennifer R. Szalas

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (04/13)

FILED
 2024 APR -9 PM 1:49
 DIVISION OF STATE
 TALLAHASSEE, FL 32314