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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Miami Pro Arts II, Inc.		
		ame of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Louise	Jaffe		
	Name of Person		
Midgar	d Management, Inc.		
	Firm/Company	<u> </u>	
1475 V	7. Cypress Creek Road, Suite 202		
	Address		
Fort La	uderdale, FL. 33309		
	City/State and Zip Code	1	
LJaffe@	gmidgardmanagement.com		
Е	-mail address: (to be used for future a	nnual report notif	ication)
For fur	ther information concerning this matte	er, please call:	
Louise	Jaffe	954 at (640.0233
	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	ig 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.

٧a	me of the limited liability company: Miami Pro Arts II I	nc.		
) .	1475 W. Cypress Creek Road	(1	Same	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \·	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 202			
	Fort Lauderdale, FL. 33309	_		
	07.02.2004		P04000	100342
)	Date of filing/registration in Florida Cliff Hertz	4.		Document number
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Nelson Mullins Broad and Cassel			state:
	Registered Office Address (MUST BE FLORIDA STREET AL One N. Clematis St. #500	ODRESS	27	
	West Palm Beach , FL 3	3401		_
۱ -	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:	1021 OCT 11 PH W.
	NEW Registered Office Address:			
	Suite 1410			
	West Palm Beach	3401		
e weric/attu/h	mited liability company is not organized under the laws or changes are made, the Florida street address of the real control of the ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of eles of organization or the operating agreement of the line of a member or authorized representative of a member of all statutes relative to the proper and complete persons of my position as registered agent as provided by reflect a change in the registered office address, I here	gistered lity could be limited lity could be limited lity could be limited lity could be libited lity and lity architectures.	in this co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided i ompany. Printed or typed name of signee

Signature of Registered Agent