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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

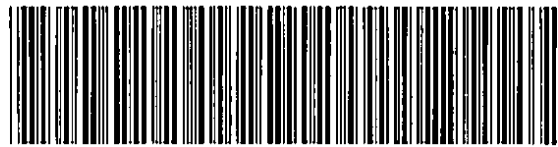
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19 OCT - 7 PM 3:25
SECRET
TALLAHASSEE, FLORIDA

OCT 07 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2019

EVERLYN GUZMAN
REALTY CAPITAL ADVISORS, LLC
341 N MAITLAND AVENUE STE 115
MAITLAND, FL 32751

Realty Capital
Property Management REC'D

AUG 27 2019

AP/DI _____ BY _____
Approved by: _____

SUBJECT: 8WINSLOWPLACE, INC.
Ref. Number: P12000044104

We have received your document for 8WINSLOWPLACE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 819A00016965

2019 OCT -7 PM 12:54

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 8Winslowplace, Inc

Name of Corporation

DOCUMENT NUMBER: P12000044104

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:

Evelyn Guzman

Name of Contact Person

Realty Capital Advisors, LLC

Firm/Company

341 N Maitland Ave, ste. 115

Address

Maitland, FL 32751

City/State and Zip Code

eguzman@realtycapitalfl.com

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

For further information concerning this matter, please call:

Lucy Sterman

Name of Contact Person

at (407) 843-7070

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: 8Winslowplace, Inc
2. The principal office address: 129 Taft Dr, unit 301, Sarasota, FL 34236
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/10/12 Document number: P12000044104

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)

SG Registered Agent, LLC

200 Palmetto Park Rd, ste 103

Boca Raton, FL 33432

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

Realty Capital Advisors, LLC

341 N Maitland Ave, ste 115

P.O. Box NOT acceptable

Maitland, FL 32751

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.

Nancy Mina
Signature of an officer or director

Nancy Mina, 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.

Evelyn Lyzma
Signature of Registered Agent

08/27/2019
Date

If signing on behalf of an entity:

Director of Operation
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 (03/12)