

P18 0000062706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

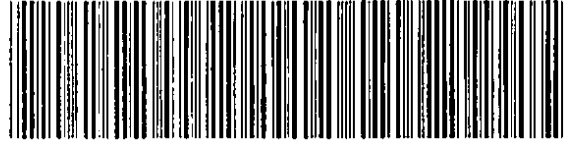
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FL
OFFICE OF STATE
SECRETARY

FILED

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9/1/2022

****WALK IN****

ENTITY NAME: THE SANDS AT SOUTH BEACH FACILITY INC.

DOCUMENT NUMBER _____

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

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

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TALLAHASSEE, FL

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

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

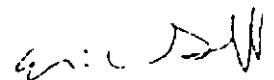
****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 35.00

ACCOUNT # 120160000072



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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Sands at South Beach Facility Inc
Name of Corporation

DOCUMENT NUMBER: P18000002706

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:

Tsvi Goldstein
Name of Contact Person
Platinum Filings LLC
Firm/Company
99 West Hawthorne Ave., Suite 408
Address
Valley Stream/NY 11580
City/State and Zip Code
agent@platinumfilings.com

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

For further information concerning this matter, please call:

Tsvi Goldstein at (800) 263-1553
Name of Contact Person 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

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DEPARTMENT OF STATE
TALLAHASSEE, FL
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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: The Sands at South Beach Facility Inc
2. The principal office address: 42 Collins Ave Miami Beach, FL 33139

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/9/2018 Document number: P18000002706

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)

Vcorp Services, LLC
1200 S PINE ISLAND ROAD
Plantation, FL, 33324

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

PLATINUM AGENT SERVICES LLC
155 Office Plaza Dr
Tallahassee, FL, 32301

P.O. Box NOT acceptable

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STATE
TALLAHASSEE, FL

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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.

/s/ Leopold Friedman
Signature of an officer or director

Leopold Friedman
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.

/s/ Steven Friedman
Signature of Registered Agent

09/01/2022
Date

If signing on behalf of an entity:

Steven Friedman
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