

L23000059104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

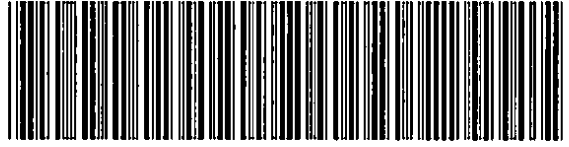
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
JUL 26 2023

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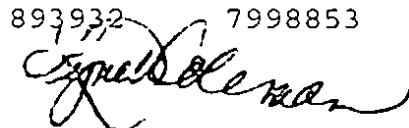
2023 Jul 26  
SECRET  
TALLAH



2023 Jul 26 11:58



CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 893932 7998853  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : July 24, 2023  
ORDER TIME : 8:30 AM  
ORDER NO. : 893932-005  
CUSTOMER NO: 7998853

CHANGE OF AGENT

NAME: 1500 DIPLOMAT PKWY LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1500 Diplomat Pkwy, LLC  
\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marc A. Benjamn

\_\_\_\_\_  
Name of Person

Benjamin, Gussin & Associates

\_\_\_\_\_  
Firm/Company

801 Skokie Blvd., STE 100

\_\_\_\_\_  
Address

Northbrook, IL 60062

\_\_\_\_\_  
City/State and Zip Code

marcben@bgalawfirm.com (CSC is preparing Annual Reports)

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

For further information concerning this matter, please call:

Marc Benjamin at ( 847 ) 861-6211  
\_\_\_\_\_  
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 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.*

1. Name of the limited liability company: 1500 Diplomat Pkwy, LLC

2. (a) 17555 Collins Avenue, #3901 (b) 17555 Collins Avenue, #3901  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

Sunny Isles Beach, FL 33160 Sunny Isles Beach, FL 33160

3. 02/08/2023 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Aaron Tiram

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

17555 Collins Avenue, #3901

, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

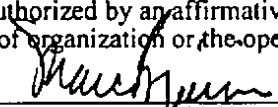
NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

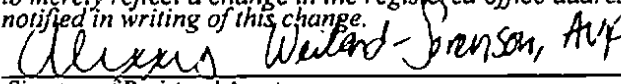
2023 JUN 20 10:11 AM  
 SECRETARY  
 TALLAHASSEE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
 Signature of a member or authorized representative of a member

Marc A. Benjamin, Authorized Representative  
 Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent