

LD144411403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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17-NOV-2 PM 4:34

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2017

SOFIA POWELL-COSIO
1900 SW 3RD AVE
MIAMI, FL 33129

SUBJECT: BRIDGES AND SHIELDS FL, LLC
Ref. Number: L01000011403

We have received your document for BRIDGES AND SHIELDS FL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 717A00006499

PLEASE
SEE ATTACHED.
10/26/2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **BRIDGES AND SHIELDS FL, LLC**

Name of Corporation

DOCUMENT NUMBER: **L01000011403**

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:

SOFIA POWELL-COSIO

Name of Contact Person

SPC MANAGEMENT SERVICES INC

Firm/Company

1900 SW 3RD AVENUE

Address

MIAMI, FLORIDA 33129

City/State and Zip Code

sofiapc@aol.com

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

For further information concerning this matter, please call:

NICOLE KEEL

Name of Contact Person

404

at (

404-494-9788

) 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
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: Bridges and Shields FL, LLC
2. (a) 3645 Marketplace Blvd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 130-318
East Point, GA 30344
- (b) 3645 Marketplace Blvd.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 130-318
East Point, GA 30344

3. 07/12/2001 Date of filing/registration in Florida
4. L01000011403 Document number

5. (a) Jini D. Thornton
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1900 SW 3rd Avenue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33129

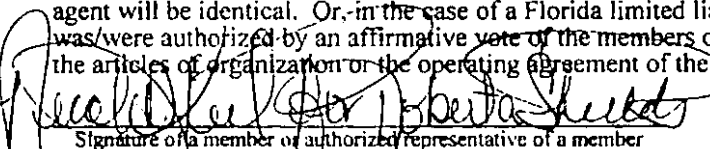
- (b) SPC Management Services Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1900 SW 3rd Avenue

Miami, FL 33129

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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

Roberta Shields

Printed or typed name of signer

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00