L12000158118

(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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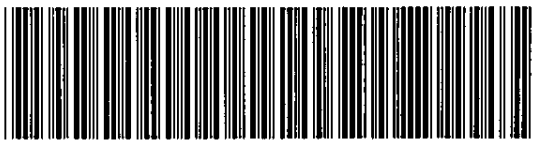

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10/24/13--01002--024 **25.00

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13 OCT 24 PM 1:50

FILED
2013 OCT 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 25 2013

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

NATIONAL REGISTERED AGENTS, INC.
An NRAI Solutions Company

515 East Park Avenue
Tallahassee, FL 32301

850 224 1640 fax
800 388 2123 toll free
www.nraicorporateservices.com
requests@nrai.com

**FILING COVER SHEET**
**ACCT. #FCA-23**

**CONTACT:** RICKY SOTO

**DATE:** 10/24/2013

**REF. #:** 8936446

**CORP. NAME:** ACTIVDR, LLC

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION

( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME

( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP ( ) LIMITED LIABILITY

( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL

( ) CERTIFICATE OF CANCELLATION

(XX) OTHER: CHANGE OF AGENT FILING

FILED
2013 OCT 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE FEES PREPAID WITH CHECK# 70008780 FOR $ 25.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

_____ **COST LIMIT: $**_____

**PLEASE RETURN:**

( ) CERTIFIED COPY ( ) CERTIFICATE OF GOOD STANDING (XX) PLAIN STAMPED COPY

( ) CERTIFICATE OF STATUS

Examiner's Initials

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

*Pursuant to the provisions of sections 608.416 or 608.508, 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: ACTIVDR, LLC

2. (a) Principal office address of limited liability company: 250 CATALONIA AVE
SUITE 804
CORAL GABLES, FL 33134
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 250 CATALONIA AVE
SUITE 804
CORAL GABLES, FL 33134
*(Note: MAY BE POST OFFICE BOX)*

12/18/2012
3. Date of filing/registration in Florida

L12000158118
4. Document number

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

Registered Agent: JULIE W. ALLISON, P.A.

Registered Office Address: 4000 HOLLYWOOD BLVD, SUITE 500-I
HOLLYWOOD, FL 33021

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

**NEW** Registered Agent: NRAI SERVICES, INC.

**NEW** Registered Office Address: 1200 SOUTH PINE ISLAND ROAD
*(MUST BE FLORIDA STREET ADDRESS)*
PLANTATION FL 33324

2013 OCT 24 PM 12:10 FILED

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.

COO
Signature of a member or authorized representative of a member

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 608, 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.*

Michele Holden, Assistant Secretary
Signature of Registered Agent

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

INHS18 (05/08)