

L15000198376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

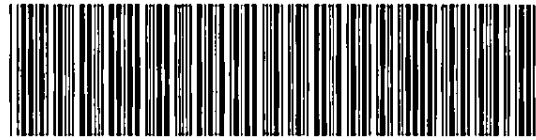
(Business Entity Name)

(Document Number)

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2019 SEP 30 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MISSISSIPPI

OCT 17 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CALADE FLORIDE 85 LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Olivier Sureau

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

JADE FIDUCIAL INC

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

990 Biscayne Blvd Office 701

\_\_\_\_\_  
Address

MIAMI, FL 33132

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

OSUREAU@JADE-FIDUCIAL.COM

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

For further information concerning this matter, please call:

OLIVIER SUREAU

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

at ( 305 )

579-0220

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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: CALADE FLORIDE 85 LLC

2. (a) 4301 N Federal Highway Ste. 2 (b) \_\_\_\_\_

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

Pompano Beach, FL 33064

11/24/2015

L15000198376

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) Benjamin Gene

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Keyes Property Management

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4301 N Federal Highway Ste 2

Pompano Beach FL 33064

(b) JADE FIDUCIAL

Enter name of NEW Registered Agent and/or NEW Registered Office Address:

990 BISCAYNE BLVD

NEW Registered Office Address:

OFFICE 701

MIAMI FL 33132

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 TALLAHASSEE, FLORIDA  
**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.

Signature of a member or authorized representative of a member

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