

M19000004752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

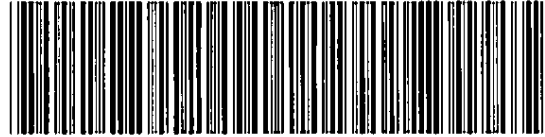
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CTIONS
OCT 21 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 10/20/2020

Name: Chris Vick

Reference #: 1252896

Entity Name: FXE WAREHOUSE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

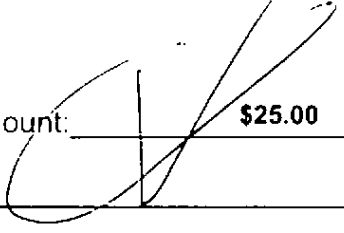
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FXE WAREHOUSE, 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:

CYNTHIA ASSAM

Name of Person

REDWOOD LOGISTICS COMPANY

Firm/Company

1765 N. ELSTON AVE.

Address

CHICAGO, IL 60642

City/State and Zip Code

CASSAM@REDWOODLOGISTICS.COM

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

For further information concerning this matter, please call:

CYNTHIA ASSAM

312

698-8265

at ()

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: FXE WAREHOUSE, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*
1765 N. ELSTON AVENUE
CHICAGO, IL 60642

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

5/14/2019

M19000004752

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

5. (a) REGISTERED AGENT SOLUTIONS INC.

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

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

155 OFFICE PLAZA DR., STE A

TALLAHASSEE, FL 32301

(b) COGENCY GLOBAL INC.

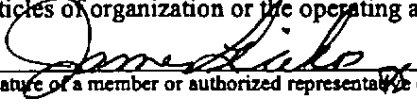
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

115 NORTH CALHOUN STREET, STE. 4

NEW Registered Office Address:

TALLAHASSEE, FL 32301

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

James Liakos

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

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