

L17000194287

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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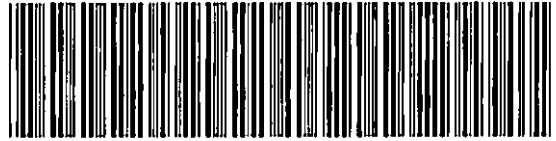
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: 6/27/2018

Account#: 120000000088

Name: Merritt Knickle

Reference #: A447709

Entity Name: 348 SE FLORIDA ST, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE

Authorized Amount: \$55

Signature: WVK

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40th ST, 10th FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NO 0727
6 BEVIS MARKS, 1st FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
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A HONG KONG LIMITED COMPANY
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Date: 6/27/2018

Account#: I200000000088

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Signature: JMAY

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 348 SE Florida St, 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:

Michelle L. Smith, Paralegal

Name of Person

Bousquet Holstein PLLC

Firm/Company

110 W. Fayette Street, Suite 1000

Address

Syracuse, NY 13202

City/State and Zip Code

sop@cogencyglobal.com

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

For further information concerning this matter, please call:

Michelle L. Smith, Paralegal

at (315) 701-6384

Name of Person

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: 348 SE Florida St, LLC
2. (a) 348 SE Florida St, LLC (b) 348 SE Florida St, LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
348 SE Florida Street 348 SE Florida Street
Stuart, Florida 34994 Stuart, Florida 34994

3. September 19, 2017 4. L17000194287
Date of filing/registration in Florida Document number

5. (a) Tilton & Tilton Law, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Tilton & Tilton Law, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1935 NE Ricou Terrace
Jensen Beach, FL 34957

- (b) Cogency Global Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
115 N. Cahuon Street, Suite 4

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.

Robert W. Pomfrey
Signature of a member or authorized representative of a member

ROBERT W. POMFREY
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.

Karen McKee
Signature of Registered Agent

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

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18 JUN 27 AM 8:53
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TALLAHASSEE, FLORIDA