

# F13000001617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

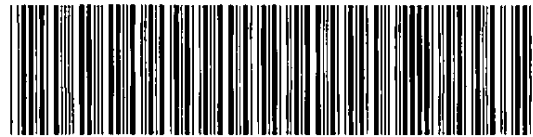
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 15, 2017

SUSAN LUNDEN  
ROSSDALE CLE INC  
1172 SOUTH DIXIE HIGHWAY, STE 225  
CORAL GABLES, FL 33146

SUBJECT: ROSSDALE CLE INC.  
Ref. Number: F13000001617

We have received your document for ROSSDALE CLE INC. 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 document must contain the name and capacity of the person signing on behalf of the new registered agent.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Valerie Herring  
Regulatory Specialist III

Letter Number: 317A00009659

17 JUN -8 PM 4:15  
VALERIE HERRING  
REGULATORY SPECIALIST III

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ROSSDALE CLE, INC.  
Name of Corporation

DOCUMENT NUMBER: F13000001617

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:

SUSAN LUNDEN  
Name of Contact Person

ROSSDALE CLE, INC.  
Firm/Company

1172 SOUTH DIXIE HIGHWAY, Suite 225  
Address

CORAL GABLES, FL 33146  
City/State and Zip Code

CLE@theRossdaleGroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN LUNDEN at ( 888 ) 668-6617  
Name of Contact Person 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 CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Possdale CLE INC.  
2. The principal office address: 1172 South Dixie Highway, Suite 225  
Coconut Grove, Florida 33146  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4-12-2013 Document number: F130000001617

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MAURY HALPERIN  
4300 NO. UNIVERSITY DRIVE SUITE 106  
SUNRISE, Florida 33351

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Florida Registered Agent LLC  
3030 NO. ROCKY POINT DRIVE, SUITE 150A  
P.O. Box NOT acceptable  
TAMPA, Florida 33607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Susan Lunden  
Signature of an officer or director

SUSAN LUNDEN President  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Bill Havre  
Signature of Registered Agent

June 6, 2017  
Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314