

LO3000008640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

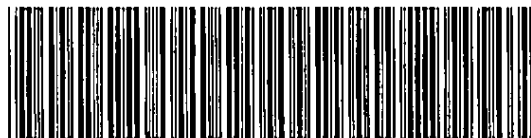
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400326012014

03/14/19--01022--009 **25.00

S TALLENT
MAR 25 2019

FILED
19 MAR 14 PM 5:16

RIA-04



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

	NUMBER PAGES:
Date: March 06, 2019	AE: Kerra Childress
TO: Registration Section Division of Corporations CLIFTON BUILDING 2661 EXECUTIVE CENTER CIRCLE TALLAHASSEE, FL 32301	REFERENCE: 1264815

FAX:

PLEASE PERFORM THE FOLLOWING:

CAVALIER MANAGEMENT, LLC

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please file routine. One plain copy.

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Kerra Childress TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

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.

Cavalier Management, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3321 N BUFFALO DRIVE STE 200

LAS VEGAS, NV 89129

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3/10/2003

L03000008640

3. Date of filing/registration in Florida

4. Document number

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

T & S REGISTERED AGENTS, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

925 S. FEDERAL HIGHWAY STE 500

BOCA RATON, FL 33431

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

Paracorp Incorporated

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

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

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