

Lafayette 78006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

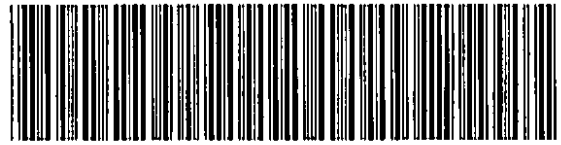
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900317293629

08/27/18--01039--000 *\$125.00

Restatement

2018 AUG 27 AM 11:18
SECRETARY OF STATE
CLERK CLASSIFIED 10/08/00

FILED

M. MILLIGAN
SEP - 4 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fractured Holdings, 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:

Rachel Umlas
Name of Person

Fractured Holdings, LLC
Firm/Company

1424 S. Biscayne Point Rd
Address

Miami Beach, FL 33141
City/State and Zip Code

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

For further information concerning this matter, please call:

Rachel Umlas at (305) 409-0225
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

INHS18 (2/14) \$100 Reinstatement Fee = \$125 total

**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: Fractured Holdings, LLC
2. (a) 1424 S. Biscayne Point Rd (b) 1424 S. Biscayne Point Rd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Miami Beach, FL 33141 Miami Beach, FL 33141
3. 8/20/18 4. L04000078006
Date of filing/registration in Florida Document number
5. (a) Resigned
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) Rachel Umlas
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
1424 S. Biscayne Point Rd
NEW Registered Office Address:

Miami Beach, FL 33141

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.

Rachel Umlas
Signature of a member or authorized representative of a member

Rachel Umlas
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.

Rachel Umlas
Signature of Registered Agent

FILED
2018 AUG 27 AM 11:18
CLERK OF STATE
TALLAHASSEE, FLORIDA