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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: FD Destiny, LLC

2.	(a)	c/o FD Destiny Management, LLC				do FD D	estiny Managen	nent, LL	0		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)					
		300 Bic Drive, Second Floor				300 Bic Dri	ve, Second Floo	or			
		Milford	Ст	06461	*****	Milford	CT	064	61		
		08/04/2005				L05000076	856				
3.		Date of filing	registration i	n Florida	4.	E	ocument numb	er			
5.	(8)	Clasp Inc.									
		Registered Agent and Regi	istered Office she	own on the records of	the Florida	Dept. of State:					
		3001 Tamiami Trail	North								
		Registered Office Address	<u>(MUST BE I</u>	FLORIDA STREET	ADDRESS)						
		Suite 400				<u>.</u>		~	2020 MAR		
		Naples		, FL	34103			<u>-</u> ;;;	MAR		
	(b)	Corporation Service Enter name of <u>NEW Regis</u> 1201 Hays Street		for <u>NEW Registered</u>	Office add				23 AM 9: 17	ي ل د ريما : ۲. ي ب	
		NEW Registered Office A	ddress:					ייי. די:	2		
		Tallahassee		, FL	. 32301						
the age wa	ent v s/we	imited liability compar- nge or changes are ma- vill be identical. Or, in- the authorized by an af- cles of organization or	de, the Florida the case of a firmative vote	a street address of Florida limited lin of the members of	the regis ability cou of the limi	tered office a mpany, it is h ited liability of	nd the business iereby confirme company or as c	office o d that th	f the re e chang	gistered (c(s)	
1:	s/Vi	cky Reath			Vick	y Reath					
ŝ	Signat	ure of a member or authori.	ed representative	e of a member		P	rinted or typed nat	ne of signo	:e		
pro the to	ovisi vobl. mere	by accept the appointm ons of all statutes relating igations of my position by reflect a change in t t in writing of this change in the state of the	tive to the pro as registered the registered	red agent and agr per and complete agent as provide office adaress, 11	ee to act performa d for in C hereby co	in this capac ince of my du hapter 605, i nfirm that the	ity. I further ag ties, and I am fi F.S. Or, if this a 2 limited liabilit	gree to c amiliar v documen ty compo	omply w vith and at is beil my has	vith the l accept ng filed been	

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Signature of Registered Agent Corporation Service Company BY: Amanda Robinson, Asst. Vice President

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

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