

L 06000033167

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(Address)

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02/10/2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SOLLICH NORTH AMERICA, 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:

FRANK KRIEGER

Name of Person

LAW OFFICES OF FRANK KRIEGER, P.A.

Firm/Company

412 E. MADISON ST. SUITE 1109

Address

TAMPA, FLORIDA 33602

City/State and Zip Code

FRANK@KRIEGER-LAW.COM

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

For further information concerning this matter, please call:

FRANK KRIEGER

Name of Person

at (**813**) **225-3462**

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, 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: SOLLICH NORTH AMERICA, LLC

2. (a) Principal office address of limited liability company: SOLLICH NORTH AMERICA, LLC
(Note: MUST BE STREET ADDRESS) 13799 PARK BLVD. N., SUITE 302
SEMINOLE, FLORIDA 33776

(b) Mailing address of limited liability company: SOLLICH NORTH AMERICA, LLC
(Note: MAY BE POST OFFICE BOX) 13799 PARK BLVD. N., SUITE 302
SEMINOLE, FLORIDA 33776

MARCH 30, 2006

L06000033167

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:

Registered Agent: JOHN G. HOLLAND

Registered Office Address: 4916 LONDONDERRY DRIVE
TAMPA, FLORIDA 33647

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

NEW Registered Agent: FRANK KRIEGER, ESQUIRE

NEW Registered Office Address: 412 E. MADISON ST.
(MUST BE FLORIDA STREET ADDRESS) SUITE 1109
TAMPA, FL 33602

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.

Frank Krieger
Signature of a member or authorized representative of a member

FRANK KRIEGER

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.

Frank Krieger
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00