

L06000045214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

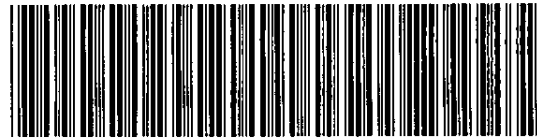
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4/20/16 OS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FALCON Group 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:

Rhys William DALE  
Name of Person

FALCON Group LLC  
Firm/Company

1623 Collins Ave - Apt 616  
Address

Miami Beach, FL 33139  
City/State and Zip Code

BILLD8@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhys William DALE at (561) 317 8574  
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

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TALLAHASSEE, FLORIDA

**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: FALCON GROUP LLC
2. (a) 1623 COLLINS AVE (b) SAME AS PRINCIPAL  
Principal office address of limited liability company: Mailing address of limited liability company: ADDRESS  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- APT 616  
MIAMI BEACH, FL. 33139
3. 05/01/2006 4. L06000045214  
Date of filing/registration in Florida Document number
5. (a) CT CORPORATION SYSTEM  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 SOUTH PINE ISLAND ROAD  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- PLANTATION, FL 33324
- (b) Rhys William Dale  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1623 COLLINS AVE  
NEW Registered Office Address:  
APT 616  
MIAMI BEACH, FL 33139

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

Rhys William Dale  
Signature of a member or authorized representative of a member

Rhys William Dale  
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.

Rhys William Dale  
Signature of Registered Agent