

L07000044892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

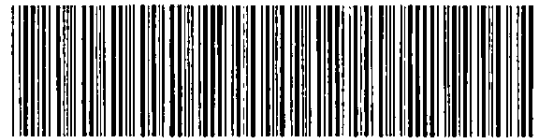
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2023 MAY -3 AM 1:02

2023 MAY -2 PM 3:22

DEPARTMENT OF REVENUE
FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 714757 7884490

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : May 2, 2023

ORDER TIME : 1:15 PM

ORDER NO. : 714757-005

CUSTOMER NO: 7884490

CHANGE OF AGENT

NAME: ENDO-SYSTEMS LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENDO-SYSTEMS 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:

Della M. HILL

Name of Person

Dunning Rievman & MacDonald LLP

Firm/Company

1350 Broadway, Suite 2220

Address

New York, NY 10018

City/State and Zip Code

dhill@drmlaw.com

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

For further information concerning this matter, please call:

Della M. Hill

Name of Person

at (646) 513-3256

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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: ENDO-SYSTEMS LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

2966 NW 60 STREET 2966 NW 60 STREET
FORT LAUDERDALE, FL 33309 FORT LAUDERDALE, FL 33309

04/26/2007 107000044892
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:

Tripp Scott
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
110 SE Sixth Street, Suite 150
Fort Lauderdale, FL 33301

2023 MAY -3 AM 11:00

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

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
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.

Della M. Hill Della M. Hill
Signature of a member or authorized representative of a member 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.

Alexis Weiland-Jensen, ACP
Signature of Registered Agent