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| (Re | equestor's Name) | | | | | | |
|---|------------------|------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies Certificates of Status | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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C. GOLDEN

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COVER LETTER

INHS18 (2/14)

| то: | Registration Section Division of Corporations | | |
|---------|--|--------------------------|--------------------------------------|
| SUBJI | ECT: <u>Victoria Park</u> Nam | | LLC Liability Company |
| Dear S | ir or Madam: | | |
| The en | closed Registered Agent/Registered Of | fice Change ar | nd fee(s) are submitted for filing. |
| Please | return all correspondence concerning th | nis matter to th | e following: |
| Steve | en Hering | | |
| | Name of Person | | |
| Conc | ord Property Management LLC | | |
| | Firm/Company | | <u> </u> |
| 728 S | SW 4th Street #1 | | |
| | Address | | |
| Fort L | auderdale, FL 33312 | | |
| | City/State and Zip Code | | |
| steve | ncprop@gmail.com | | |
| Е | -mail address: (to be used for future an | nual report not | ification) |
| For fur | ther information concerning this matter | , please call: | |
| Steve | n Hering | 954 at (| , 483-9883 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: | Ŋ | AAILING ADDRESS: |
| | | Registration Section | |
| | | Division of Corporations | |
| | Clifton Building | | O. Box 6327 |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Γ | allahassee, Florida 32314 |
| | Enclosed is a check for the following | g amount: | |
| | ☑ \$25 Filing Fee | - | \$55 Filing Fee & Certified Copy |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compa submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

| 2. (a) | me of the limited liability company: | (b | 728 SW | 4th Street #1 | | |
|----------------------------------|---|---|--|--|---------------------|-------------------------------|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | · ——— | Mailing address of limited (Note: MAY BE POST | | • • |
| | Fort Lauderdale, FL 33312 | | Fort Lau | iderdale, FL 3331. | 2 | |
| | | | | | | |
| | <u>08/11/3∞8</u> | . | L081 | 000076917 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | Jeffrey B. Smith, ESQ | | | | | |
| , . | Registered Agent and Registered Office shown on the record | ls of the Florida | Dept. of State | e: | | |
| | 1401 East Broward BLVD | | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | - | | | | |
| | Suite 206 | | | | 2019 | |
| | Fort Lauderdale | , FL_33301 | | - | 2019 JUL - I | Ŋ |
| | | | | | - | , |
| (b) | | | <u> </u> | _ | AH | ן ני נ |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> | ered Office add | <u>lress</u> : | | ڢ | |
| | 1401 East Broward BLVD | | | | 30 | |
| | NEW Registered Office Address: | | | - | | |
| | Suite 300 | | | - | | |
| | Fort Lauderdale | , _{FL} 33301 | | _ | | |
| the cha agent w was/we | mited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of | e laws of the s of the regis ed liability co ers of the lim the limited l | stered office impany, it is ited liability iability con | e and the business off s hereby confirmed the y company or as othe apany. | ice of that the o | he registered change(s) |
| | W-190 | Ste | ven Herin | | | |
| | ure of a member or authorized representative of a member | | | Printed or typed name of | - | |
| provision the obli to mere | ny accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov Iv reflect a change in the registered office addres. I in writing of this change. | lete performe vided för in C | ince of my a Thanter 605 | duties, and Lam fami FS Or it this door | liar wit ument i | h and accept s heing tiled |

Signature of Registered Agent