

L08000093960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

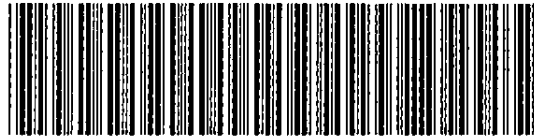
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800256942198

02/21/14--01001--002 **25.00

RECEIVED
14 FEB 20 PM 2:51
DIVISION OF CORPORATION

FILED
14 FEB 20 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 20 2014

X

CORP DIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: **MICHELE HOLDEN**

DATE: **02/20/2014**

REF. #: **9056297**

CORP. NAME: **REQUIESCAT COMPANY, LLC**

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| (XX) OTHER: CHANGE OF REGISTERED AGENT | | |

STATE FEES PREPAID WITH CHECK# **70015369** **FOR \$** **25.00**

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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: REQUIESCAT COMPANY, LLC

2. (a) Principal office address of limited liability company: 1905 NW CORPORATE BLVD.
(Note: **MUST BE STREET ADDRESS**) BOCA RATON, FL 33444

(b) Mailing address of limited liability company: 1905 NW CORPORATE BLVD
(Note: **MAY BE POST OFFICE BOX**) BOCA RATON, FL 33444

10/03/2008

3. Date of filing/registration in Florida

LOB000093960

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State

Registered Agent:

BAILINE, RYAN D

Registered Office Address:

C/O STEARNS WEAVER MILLER
150 WEST FLAGLER ST. SUITE 2200
MIAMI, FL 33130

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

NEW Registered Agent:

NRAI SERVICES, INC

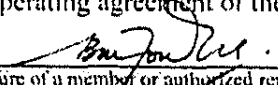
NEW Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

(**MUST BE FLORIDA STREET ADDRESS**)

PLANTATION, FL 33324

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.


Signature of a member or authorized representative of a member

BRIDGET M FOWLES
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.


Signature of Registered Agent

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