

L 090000 34200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

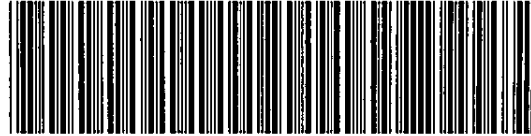
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



400266925964

12/01/14--01018--007 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 31 AM 8:48

Office Use Only

APR 03 2015
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2015

AXALAURE
AXALAURE LLC *****3RD MAILING*****
C/O KVB PARTNERS
60 BROAD STREET, SUITE 3502
NEW YORK, NY 10004 US

SUBJECT: AXALAURE LLC
Ref. Number: L09000034200

We have received your document for AXALAURE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 414A00026176

15 MAR 31 AM 9:31
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AXALAURE 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:

OLIVIER DIEHL

Name of Person

AXALAURE LLC

Firm/Company

VICEROY RESIDENCE UNIT 3209

Address

MIAMI, FL 33131

City/State and Zip Code

diehl.olivier@gmail.com

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

For further information concerning this matter, please call:

FREDERIC V. BLANCHARD

at (646) 356-0460

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

**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: AXALAURE LLC
2. (a) VICEROY RESIDENCE UNIT 3209
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
485 BRICKELL AVENUE, MIAMI, 33131
- (b) c/o KVB PARTNERS
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
60 BROAD STREET, STE 3502, NY, NY 1

3. 04/08/2009 Date of filing/registration in Florida
4. L09000034200 Document number

5. (a) OLIVIER DIEHL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6925 TULIPAN CT,
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33143

- (b) OLIVIER DIEHL
Enter name of NEW Registered Agent and/or NEW Registered Office address:

VICEROY RESIDENCE UNIT 3209

NEW Registered Office Address:

485 BRICKELL AVENUE,

MIAMI FL 33131

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

OLIVIER DIEHL

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 31 AM 8:48