

L10000129245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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16 OCT 24 AM 7:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: _____
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

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

at (_____)

Area Code & Daytime Telephone Number

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

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**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.

RECEIVER MANAGEMENT GROUP, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7665 NW 50TH STREET, 2ND FLOOR

MIAMI, FLORIDA 33166

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7665 NW 50TH STREET, 2ND FLOOR

MIAMI, FLORIDA 33166

DECEMBER 17, 2010

L10000129245

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:

ORTEGA, CARIDAD A

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7665 NW 50TH STREET, 2ND FLOOR

MIAMI, FL 33166

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

CARIDAD ORTEGA

NEW Registered Office Address:

7950 NW 53 STREET, SUITE # 337

MIAMI, FL 33166

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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.

CARIDAD ORTEGA

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.

Signature of Registered Agent