

L11 0000 18948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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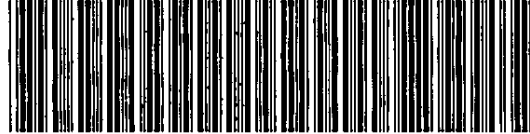
(Business Entity Name)

(Document Number)

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16 MAY 12 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 13 2016
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nordic Property Management, 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:

Nancy Nangle

Name of Person

Nordic Property Management, LLC

Firm/Company

1428 Sunrise Plaza Dr #2

Address

Clermont, FL 34714

City/State and Zip Code

melodee07@outlook.com

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

For further information concerning this matter, please call:

Melodee Scheffler

Name of Person

at (352)

708-5542

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: Nordic Property Management, 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)

1428 Sunrise Plaza Dr

Clermont, FL 34714

May 5 2016

L11000018948

3. May 5 2016 Date of filing/registration in Florida 4. L11000018948 Document number

5. (a) Robert R Black
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1428 Sunrise Plaza Dr; Clermont, FL 34714

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1428 Sunrise Plaza Dr #2

Clermont, FL 34714

(b) Nancy R. Nangle

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

16 MAY 12 AM 11:02
STATE DEPT OF STATE
TALLAHASSEE, FLORIDA

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.

Philippe L. Langle
Signature of a member or authorized representative of a member

Philippe Langle
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.

Nancy R. Nangle
Signature of Registered Agent

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