

2012-09-20 14:30 TRIAD

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jbadene@triadpros.com

**LLC REGISTERED AGENT CHANGE
TORTOSA CAPITAL MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

12 SEP 20 PM 2:47

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TALLAHASSEE, FLORIDA

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EXAMINER

9/20/2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TORTOSA CAPITAL 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:

JENNIFER BADEN

Name of Person

TRIAD PROFESSIONAL SERVICES, LLC

Firm/Company

1720 WINDWARD CONCOURSE, SUITE 390

Address

ALPHARETTA, GA 30005

City/State and Zip Code

JBADEN@TRIADPROS.COM

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

For further information concerning this matter, please call:

JENNIFER BADEN

Name of Person

at (770)

777-2091

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

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12 SEP 20 PM 2:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: TORTOSA CAPITAL MANAGEMENT LLC

2. (a) Principal office address of limited liability company: 201 S. BISCAYNE BOULEVARD

(Note: MUST BE STREET ADDRESS)

FLOOR 28

MIAMI FL 33131-4309

(b) Mailing address of limited liability company:

201 S. BISCAYNE BOULEVARD

(Note: MAY BE POST OFFICE BOX)

FLOOR 28

MIAMI FL 33131-4309

07/13/2011

L11000080716

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:

Registered Agent:

NRA SERVICES, INC.

Registered Office Address:

2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON FL 33331 US

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

515 EAST PARK AVENUE

TALLAHASSEE

FL 32301

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

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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 608, 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

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22 SEP 20 PM 2:47
TALLAHASSEE, FL 32301
SECRETARY OF STATE