

Division of Corporations

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L11000134696

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BRINKLEY, MORGAN
Account Number : 076077003213
Phone : (954) 522-2200
Fax Number : (954) 522-9123

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: Jule.Wysocki@brinkley.morgan.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WHISKER PROPERTIES, LLC

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J. SAULSBERRY
EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whisker Properties, 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:

William S. Kramer, Esq.

Name of Person

Brinkley Morgan

Firm/Company

200 East Las Olas Blvd., 19th Floor

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

william.kramer@gmlaw.com

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

For further information concerning this matter, please call:

Julie Wysocki

Name of Person

at (954)

837-2812

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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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: Whisker Properties, LLC
2. (a) Principal office address of limited liability company: 200 East Las Olas Blvd., 19th Floor
Ft. Lauderdale, FL 33301
 (Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 200 East Las Olas Blvd., 19th Floor
Ft. Lauderdale, FL 33301
 (Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: November 29, 2011
4. Document number: L11000134696
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 Registered Agent: William S. Kramer, Esq.
 Registered Office Address: 201 E. Pine Street, Suite 500
Orlando, FL 32801
- (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)
c/o Brinkley Morgan
200 East Las Olas Blvd., 19th Floor
Ft. Lauderdale, FL 33301

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

William Kramer
 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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