113000002945

(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: Bruce Oderman Callod Gave Permission to Change Clurrent Rt Information in Section Sa to March our records

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ECRETARY OF STATE

DEC 24 2014 T. CARTER

LCC RAPROChange

COVER LETTER

Division of Corporations	·		
SUBJECT: CAISERVATIVE ASSET S Name of Lim	TRATEGIES LLC nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
BRUCE N. ODERMAN Name of Person	<u></u>		
CONSERVATIVE ASSET STRATE	GIES LLC		
1482 S. JEAGA DR Address			
TUATTER FL 33458 City/State and Zip Code			
FIXEAINC. BRUCE & SMAIL. Col E-mail address: (to be used for future annual report	t notification)		
For further information concerning this matter, please concerning the please concerning this matter, please concerning the	all:		
BRUCE N. ODERMAN at (Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the following amount:			
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2014

BRUCE N. ODERMAN CONSERVATIVE ASSET STRATEGIES LLC 1482 S JEAGA DR JUPITER, FL 33458 US

SUBJECT: CONSERVATIVE ASSET STRATEGIES, LLC

Ref. Number: L13000002945

We have received your document for CONSERVATIVE ASSET STRATEGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Letter Number: 514A00018864

Tina D Carter Regulatory Specialist

www.sunbiz.org

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: COUSERVI	ATIVE ASS	ET STRATEG	Z3	LLC
2. (a) 1482 S JEAGA DR		S JEAGA D		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	liability o	
JUPITER	<u>402</u>	ITEIR		
FL 33458	- FL	33428	<u> </u>	
3. Date of filing/registration in Florida 5. (a) The Law OFFices OF Nick S	4.	Document number		
Registered Agent and Registered Office shown on the records of t				
Registered Office Address (MUST BE FLORIDA STREET A 2202 N. West Shore BI Tompo, FL (b) Brue N. Odernal Enter name of NEW Registered Agent and/or NEW Registered	133607	- _300 -	14 DEC 23 PH 12: 4	SECRETARY OF STAT TALLAHASSEE, FLORI
NEW Registered Office Address: 1482 S. JEAGA DR		_	<u>-</u>	Dri A
JUPITER , FL	33458	_		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office bility company, it fithe limited liabili	ce and the business offi is hereby confirmed that ty company or as other	ce of the	e registered nange(s)
	BRUCE			
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 and member