L13000060156

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	_
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FILED 18 DEC 26 AH 2: 42

K. SALY JAN 4 2019



December 10, 2018

CABLEORGANIZER.COM, LLC 6250 NW 27TH WAY FORT LAUDERDALE, FL 33309

SUBJECT: CABLEORGANIZER.COM, LLC

Ref. Number: L13000060156

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 018A00025327

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Cableorganizer. Com 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:							
Joseph Beck Name of Person							
Cables Ganizer Con LLC Firm/Company							
6250 NW 27th Way							
Fort Lauderdele FL 33309 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Toseph Beck at (814) 496 - 8958 Name of Person 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							

INHS18 (2/14)

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.	Na	me of the limited liability company:	:0130	nizec	.com L	<u>LC</u>	_
		6250 NU 2745 Way			Same		
	(-)	Principal office address of limited liability company:	. (-/-	1	Mailing address of li	imited liability company:	_
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE	POST OFFICE BOX)	
		Fort Landerde FL 33309	_				_
		·					
							_
		4/24/13		L	130000	60156	
3.		Date of filing/registration in Florida	4.		Document num	ber	_
5.	(a)	John P. Nixdorf					
	(-)	Registered Agent and Registered Office shown on the records of the	Florida D	ept. of State	- !:		
		6250 NW 27th Way_					
		Registered Office Address (MUST BE FLORIDA STREET AD				- o. 6	
		Fort Lander dale FL 333	ပရ		_	一二二日十	1
		, FL				18 DEC 26 MM 2: 42	
		, г,	-				11
	(b)	Joseph J. Beck					C
	• /	Enter name of NEW Registered Agent and/or NEW Registered O	ffice addre	<u>ess</u> :			
		(25)				€ 7	
		NEW Registered Office Address:				Ź	
		Fort Landerdle FL 333	en .				
		Foct Landerchile , PC SSS	0 /				
		, FL					
If t	he li	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th	of the St	tate of Flo	orida, it is hereby	confirmed that after	. d
age	ent w	vill be identical. Or, in the case of a Florida limited liab	ility com	pany, it is	hereby confirm	ed that the change(s)	:u
wa the	s/we	re authorized by an affirmative vote of the members of topics of organization on the operating agreement of the line.	the limite nited lial	bility con	npany.	· ,	
	ŽĮ	used - Lundh		(SE)	RALD P.	Ovindle ame of signee	
	-	ure of a member or authorized representative of a member					
I h	ereb ovisio	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f by reflect a change in the registered office address, I her in writing of this change.	to act in	this cape	acity. I further a	gree to comply with the	e Di
the to r	obli nere	gations of my position as registered agent as provided f ly reflect a change in the registered office address. I he	or in Chareby con	apter 605 firm that i	, F.S. Or, if this the limited liabil	document is being filed ity company has been	ď
not	ifiea	in writing of this change.	, ,				

Signature of Registered Agent