

L13000117544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

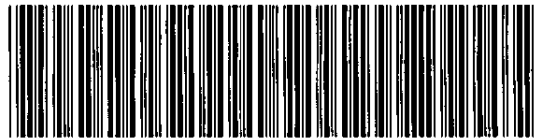
(Business Entity Name)

(Document Number)

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RA  
change

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 21 AM 10:51  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING


FILED  
2015 MAY 21 PM 2:48  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

AOR  
5/22/15

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 637317 7759386

AUTHORIZATION : 

COST LIMIT : \$ 25.00

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ORDER DATE : May 20, 2015

ORDER TIME : 8:31 AM

ORDER NO. : 637317-005

CUSTOMER NO: 7759386  
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CHANGE OF AGENT

NAME: THINKCOMMERCE GROUP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ThinkCommerce Group, 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:

Yoav Cohen

Name of Person

ThinkCommerce Group, LLC

Firm/Company

1125 NE 125TH STREET, #303

Address

NORTH MIAMI, FLORIDA 33161

City/State and Zip Code

YC@THINKCOMMERCEGROUP.COM

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

For further information concerning this matter, please call:

Joshua Warmund, Esq.

at ( 610 ) 247 2754

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

☐ \$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: ThinkCommerce Group, LLC

2. (a) 125 NE 125TH STREET, #303

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

North Miami, Florida 33161

(b) 125 NE 125TH STREET, #303

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

North Miami, Florida 33161

08/20/2013

3. Date of filing/registration in Florida

L13000117544

4. Document number

5. (a) Yoav Cohen

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BEACH CLUB III

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1800 S OCEAN DRIVE, FL 33009

(b) Yoav Cohen

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

125 NE 125TH STREET, #303

**NEW** Registered Office Address:

NORTH MIAMI, FL 33161

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]  
Signature of a member or authorized representative of a member

Joshua H. Warmund

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 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.*

Y. Cohen  
Signature of Registered Agent Yoav Cohen

BY: Yoav Cohen

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

