

L1 3000155371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2015 MAY -5 PM 4:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
5/11/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESIDDS, 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:

Michael Hartman
Name of Person

RESIDDS LLC
Firm/Company

55 W 26th St Suite 7E
Address

New York, NY 10010
City/State and Zip Code

mhartman@residds.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Hartman at (646) 276-4452
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

INH518 (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. Name of the limited liability company: RESIDDS, LLC

2. (a) Michael Previle (b) SAME AS Principal
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

701 WEST CYPRESS CREEK RD, Suite 300 SAME
Fort Lauderdale, FL 33309

3. 11/04/2013 4. L13000155371
Date of filing/registration in Florida Document number

5. (a) TORRES LAW, PA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3325 S. UNIVERSITY DR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 200
Fort Lauderdale, FL 33328

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

701 WEST CYPRESS CREEK RD
NEW Registered Office Address:
Suite 300
Fort Lauderdale, FL 33309

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.

Michael R. Hurtado Jr.
Signature of a member or authorized representative of a member

MICHAEL R. HURTADO JR
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.

Mike Previle
Signature of Registered Agent

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