L13000163287

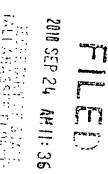
| (Requestor's Name) | | | | | |
|---|------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates o | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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September 18, 2018

WILLIAM CAMPBELL JR 4520 NE 18TH AVE, STE 200 OAKLAND PARK, FL 33334

SUBJECT: ASHLEY BRIDGET, LLC

Ref. Number: L13000163287

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

The registered agent must sign accepting the designation.

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.

Letter Number: 618A00019369

Deborah Bruce Corporate Records Supervisor

2010 SEP 24 AM 11: 36

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|---------------------------------------|
| ASHLEY BRIDGET, LLC SUBJECT: | | |
| · · · · · · · · · · · · · · · · · · · | f Limited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this ma | natter to the following: | |
| WILLIAM CAMPBELL JR | | |
| Name of Person | | |
| ASHLEY BRIDGET LLC | | |
| Firm/Company | ; | ⊋ ₂ 20 |
| 4520 NE 18TH AVE, STE 200 | | 2018 SEP 24 |
| Address | | |
| OAKLAND PARK , FL, 33334 | | |
| City/State and Zip Code | | 元 公 公 |
| wcampbell@ashleybridget.com | | · · · · · · · · · · · · · · · · · · · |
| E-mail address: (to be used for future annual r | report notification) | |
| For further information concerning this matter, plea | ase call: | |
| WILLIAM CAMPBELL | 954 683-8048 | |
| Name of Person | at () Area Code & Daytime Telephone Nur | nber |
| 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 amo | ount: | |
| ✓ \$25 Filing Fee | Cl. \$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. Na | une of the limited liability company: ASHLEY BRID | GET, L | .LC | |
|-------------------------------|--|--|--|---|
| 2. (a) | 4520 NE 18TH AVE, STE 200 | (b) | 4520 NE | 18TH AVE, STE 200 |
| 2. (II) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | OAKLAND PARK, FL, 33334 | _ | OAKLAN | ID PARK, FL, 33334 |
| | FEBRUARY 5, 2018 | – L | .1300016 | 3287 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | KYLE GILLIGAN | | | |
| 21 (11) | Registered Agent and Registered Office shown on the records of the 500 E BROWARD BLVD, STE 127 | ne Florida l | Dept, of State | |
| | Registered Office Address (MUST BE FLORIDA STREET A | <u>DDRESS)</u> | | SEP 24 |
| | FORT LAUDERDALE | 33394 | | |
| (b) | WILLIAM CAMPBELL JR | | | 911.11 30 6 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office add | ress: | · |
| | 4520 NE 18TH AVE, STE 200 | | | |
| | NEW Registered Office Address: | | | |
| | OAKLAND PARK ,FL | 33334 | | |
| the cha agent v was we | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | the regist bility con f the limi | ered office npany, it is ted liability | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| _// | hareto. | WIL | IAM CA | |
| • | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provisi the obl to mere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igutions of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change. | performa | nce of my c | luties, and I am familiar with and accept |

Signature of Registered Agent