

L14000026269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

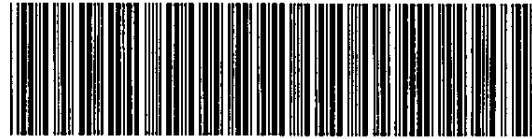
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS  
FEB 21 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** EVIDECO 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:

CEDRIC POULARD  
Name of Person

EVIDECO LLC  
Firm/Company

513 NE 189TH STREET  
Address

NORTH MIAMI BEACH / FL 33179  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cedric Poulard at ( 786 ) 202 54 43  
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: EVIDECO LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company

Mailing address of limited liability company.

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

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

513 NE 189TH STREET

513 NE 189TH STREET

NORTH MIAMI BEACH FL 33179

NORTH MIAMI BEACH FL 33179

02/14/2014

L14000026269

3. Date of filing/registration in Florida

4. Document number

5. (a) LABOSSIÈRE, MARC

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1222 NE 4TH AVENUE

FORT LAUDERDALE, FL 33304-1925

(b) CEDRIC POULARD

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

NEW Registered Office Address:

513 NE 189TH STREET

NORTH MIAMI BEACH, FL 33179

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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

Cedric POULARD

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]  
Signature of Registered Agent

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