

L14 000081909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500262285805

10/06/14--01018--005 **25.00

FILED
14 OCT - 6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
10-14-14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fisherton Inv. 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:

MARIA EVELINA MOLFINO

Name of Person

Fisherton Inv. LLC

Firm/Company

16505 Bridge End Rd.

Address

Miami Lakes, FL 33014

City/State and Zip Code

medinalfe@hotmail.com

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

For further information concerning this matter, please call:

Maria Evelina Molfino

Name of Person

at (954) 385-3483

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

FILED
14 OCT -6 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Fisherton Inv. LLC

2. (a) 16505 Bridge End Rd (b) 1071 Chenille Circle

Principal office address of limited liability company:

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

Miami Lakes, FL 33014

Mailing address of limited liability company:

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

Weston, FL 33327

3. 05/20/2014 4. L14000081909
Date of filing/registration in Florida Document number

5. (a) Luis F. Medina
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1071 Chenille Circle

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Weston, FL 33327

(b) Maria Evelina Molfino
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

16505 Bridge End Rd.

NEW Registered Office Address.

Miami Lakes, FL 33014

FILED
14 OCT - 6 PM 3:26
STATE
TALLAHASSEE, FLORIDA

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

Maria Evelina Molfino
Printed or typed name of signee

Luis F. Medina

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