

L 14000084186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

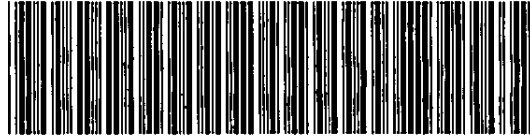
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900282231899

02/22/16--01018--020 **25.00

FILED
2016 FEB 22 PM 2:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Signature] 2/29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRD MANAGEMENT AND CONSULTING 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:

NICOLAS SIHA

Name of Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

17350 STATE HIGHWAY 249

Address

HOUSTON, TX 77064

City/State and Zip Code

SUPPORT@LEGALINC.COM

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

For further information concerning this matter, please call:

NICOLAS SIHA **713** **478.1040**
at ()
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.

SRD MANAGEMENT AND CONSULTING LLC

1. Name of the limited liability company: _____
11760 Capri Circle South #303 **11760 Capri Circle South #303**
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**)

Treasure Island, FL 33706

Treasure Island, FL 33706

05/27/2014

L14000084186

3. Date of filing/registration in Florida 4. Document number
LEGALINC CORPORATE SERVICES, INC.

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2846 NW 79th Avenue

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Doral **33122**
_____, FL _____

LEGALINC CORPORATE SERVICES INC.

- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5237 SUMMERLIN COMMONS

NEW Registered Office Address:
SUITE 400

FORT MYERS **33907**
_____, FL _____

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.

Mich Silva

NICOLAS SIHA

Signature of a member or authorized representative of a member

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.

Mich Silva

Signature of Registered Agent