

L15000062703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

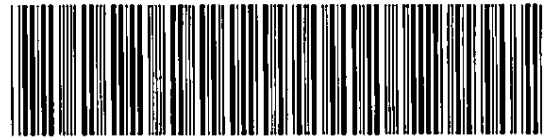
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300304458263

FILED

17 OCT 10 AM 9:02

DIVISION OF

10/11/2017

17 OCT 11 PM 1:51

10/11/2017

SIMMONS
OCT 12 2017



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: October 11, 2017

Account#: I20000000088

Name: Marisa Kugelman

Reference #: T012509

Entity Name: APRILSO, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

*Please retain
original filing date*

Authorized Amount: \$25.00

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST 10 FL
NY, NY 10016
800.721.0107
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGD NO 08541107
6 BEVIS MARKS, 1/F
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12/F
159 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 11, 2017

COGENCY GLOBAL
MARISA KUGELMANN

SUBJECT: APRILSO LLC
Ref. Number: L15000062703

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

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 717A00020463

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 505.0114 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: Aprilso, LLC
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1200 Brickell Bay Drive, #2323
Miami, Florida 33131
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1200 Brickell Bay Drive, #2323
Miami, Florida 33131
3. 04/09/2015 Date of filing/registration in Florida
4. L15000062703 Document number

5. (a) OZAN BARAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1200 Brickell Bay Drive #2313
Miami, FL 33131

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

NEW Registered Office Address:
1200 Brickell Bay Drive, #2323
Miami, FL 33131

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.

Debra Palmisano
Signature of a member or authorized representative of a member

Debra Palmisano, Authorized Representative
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.

[Signature]
Signature of Registered Agent

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

FILED
17 OCT 10 AM 9:05
DIVISION OF CORPORATIONS