

L15000073817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

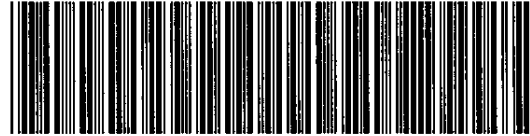
(Business Entity Name)

(Document Number)

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16 AUG 22 PM 2:37  
TALLAHASSEE, FLORIDA

AUG 24 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA DISTRICT HOLDINGS 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:

STUART THORN  
Name of Person

FLORIDA DISTRICT HOLDINGS LLC  
Firm/Company

1145 NE SAAW  
Address

BOCA RATON FL 33432  
City/State and Zip Code

INFO @ FLORIDAANDDISTRICT.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART THORN at (561) 395 3398  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 11, 2016

STUART THORN  
1145 NE 5TH AVE  
BOCA RATON, FL 33432 US

SUBJECT: FLORIDA DISTRICT HOLDINGS LLC  
Ref. Number: L15000073817

2016 AUG 22 PM 3:59  
TALLAHASSEE, FLORIDA  
REGISTRAR

We have received your document for FLORIDA DISTRICT HOLDINGS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 816A00014441

**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: FLORIDA DISTRICT HOLDINGS LLC

2. (a) 1145 NE STA AVE

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

BOCA RATON  
FL 33432

(b) \_\_\_\_\_

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

4/20/2015

3. Date of filing/registration in Florida

L 15000073817

4.

Document number

5. (a) STUART THORN

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

~~1145 NE STA AVE~~ 129 NW 13th St

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

BOCA RATON

\_\_\_\_\_, FL 33432

(b) STUART THORN

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

1145 NE STA AVE

**NEW Registered Office Address:**

BOCA RATON

\_\_\_\_\_, FL 33432

FILED  
16 AUG 22 PM 2:37  
TALLAHASSEE, FLORIDA

S J Thorn, 1145 NE STA AVE  
~~1145 NE STA AVE~~  
Boca Raton FL 33432

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

STUART THORN  
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