

L150000 84350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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APR 28 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Afco Agency USA LLC

SUBJECT: _____
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:

Avi Nir

Name of Person

Afco Agency USA LLC

Firm/Company

1501 NW 12th Ave

Address

Pompano Beach, FL - 33069

City/State and Zip Code

legal@aycofarms.com

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

For further information concerning this matter, please call:

Avi Nir

954

788-6800

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

Afco Agency USA LLC

1. Name of the limited liability company: _____
1501 NW 12th Ave _____ 1501 NW 12th Ave _____
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**)
Pompano Beach, FL - 33069 Pompano Beach, FL - 33069

USA _____

05/13/2015 1.15000084350
3. _____ 4. _____
Date of filing/registration in Florida Document number
SHINDER, LANCE W. ESQ
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
398 CAMINO GARDENS BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 109

Boca Raton 33432
_____, FL _____
Lance Shinder
- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Black Srebnick Kornspan & Stumpf, PA

NEW Registered Office Address:
One Town Center Road, Suite 201

Boca Raton 33486
_____, FL _____

60-1777937

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.

Avi Nir

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.

Signature of Registered Agent