L17000139243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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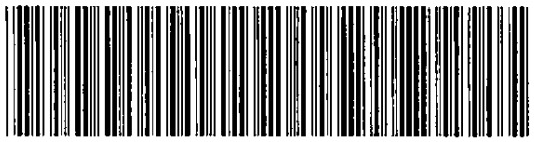

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17 JUN 21 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 22 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 JUN 21 PM 1:01

May 25, 2017

HOWARD J. SMITH
4540 SOUTHSIDE BLVD STE 202
JACKSONVILLE, FL 32216

SUBJECT: ~~TROPICAL WAREHOUSE, LLC.~~ Deutsche Holdings, LLC
Ref. Number: ~~L15000130243~~

We have received your document for ~~TROPICAL WAREHOUSE~~, LLC. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ENTITY NAME HAS TO MATCH WITH THE DOCUMENT NUMBER

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: 117A00010605

6-7-17
Ms Sulker;
We corrected the document # on the Statement of Change. If you have any questions or issues you can reach me at 904-996-9733, ext. 121, or Howard@Landmark Title Insurance.com.
Thank you.
Howard Smith

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: Deutsche Holdings, LLC

2. (a) Florida limited liability company
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
62 Jefferson Avenue
Ponte Vedra, FL 32082

(b)
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
62 Jefferson Avenue
Ponte Vedra, FL 32082

3. Date of filing registration in Florida: 8/14/15

4. Document number: L15000139243 ~~L15000130243~~

5. (a) Howard J. Smith, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1633 Race Track Road, Ste. 104
St. Johns, FL 32259

(b) Howard J. Smith
Enter name of NEW Registered Agent and/or NEW Registered Office address.

NEW Registered Office Address
4540 Southside Boulevard, Ste. 202
Jacksonville, FL 32216

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17 JUN 21 AM 9:49
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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 of a member or authorized representative of a member

Karin Vangura, Member/Manager
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

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

INHS18 (2-14)