

L16000041986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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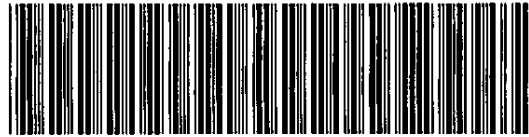
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Accredited Interpreters  
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:

Sandra Fernandez

Name of Person

Firm/Company

P.O. Box 25186

Address

Fort Lauderdale FL 33320

City/State and Zip Code

sandracertifiedinterpreter@gmail.com

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

For further information concerning this matter, please call:

Sandra Fernandez

Name of Person

at ( 954 ) 240.8488

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

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**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: Accredited Interpreters
2. (a) 16831 NW 21<sup>st</sup> Street Unit 201 (b) P. O. Box 25186  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Pembroke Pines FL 33028 Fort Lauderdale FL 33320
3. 02/29/2014 Date of filing/registration in Florida 4. L16000041986 Document number
5. (a) Salvatori Wood Buckel Carmichael & Lott  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9132 Strada Place 4<sup>th</sup> FLK Naples FL 34108  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
\_\_\_\_\_, FL
- (b) Sandra Fernandez  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
16831 NW 21<sup>st</sup> Street  
**NEW Registered Office Address**:  
Unit 201  
Pembroke Pines, FL 33028

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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

Sandra Fernandez  
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

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS**Detail by Entity Name****Florida Limited Liability Company**

ACCREDITED INTERPRETERS, LLC

**Filing Information**

**Document Number** L16000041986  
**FEI/EIN Number** NONE  
**Date Filed** 02/29/2016  
**State** FL  
**Status** ACTIVE

**Principal Address**

6161 NW 57TH COURT  
UNIT 306  
TAMARAC, FL 33319

my address has changed  
new address noted

**Mailing Address**

P.O. BOX 25186  
FT. LAUDERDALE, FL 33320

**Registered Agent Name & Address**

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES  
9132 STRADA PLACE  
FOURTH FLOOR  
NAPLES, FL 34108

**Authorized Person(s) Detail****Name & Address**

Title MGR

FERNANDEZ, SANDRA  
P.O. BOX 25186  
FT. LAUDERDALE, FL 33320

**Annual Reports****No Annual Reports Filed****Document Images**

02/29/2016 -- Florida Limited Liability

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