

L16000144626

(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



800354066798

11/02/20--01015--010 **25.00

DEC 11 2320

11/02/20--01015--010

Handwritten signature/initials

COVER LETTER

TO: Registration Section
Division of Corporations
MOGO BARON 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:

Matthew Koblegard, Esq.

Name of Person

Jeremiah Baron & Co. Commercial Real Estate, LLC

Firm/Company

49 SW Flagler Ave., Ste 301

Address

Stuart, FL 34994

City/State and Zip Code

mkoblegard@commercialrealestatellc.com

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

For further information concerning this matter, please call:

Jeremiah Baron

772

286-5744

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.

MOGO BARON LLC

1. Name of the limited liability company: _____
49 SW FLAGLER AVENUE 253 SW HARBORVIEW DRIVE

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**)

STE. 301

STUART, FL 34994

PALM CITY, FL 34990

08/02/2016

L16000144626

3. Date of filing/registration in Florida 4. Document number
ADAM SELIGMAN, ESQ.

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4420 BEACON CIRCLE

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

WEST PALM BEACH 33407
FL

MATTHEW D. KOBLEGARD, ESQ.

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

49 SW FLAGLER AVE.

NEW Registered Office Address:
STE. 301

STUART 34994
FL

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.

JEREMIAH BARON

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

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

2020 NOV -2 PM 1:12