

L16000145628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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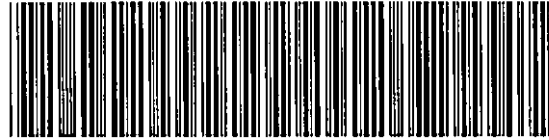
(Business Entity Name)

(Document Number)

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D BRUCE
SEP 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OShamedik 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:

Whendoly Marin
Name of Person

OShamedik LLC
Firm/Company

2900 Glades Circle Suite 1200
Address

Weston, FL 33327
City/State and Zip Code

OShamedik@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Whendoly Marin at (754) 301-6562
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

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TALLAHASSEE, FLORIDA

**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: Oshamed LLC
2. (a) 2900 Glades Circle Suite 1200 (b) 2900 Glades Circle Suite 1200
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Weston, FL 33327

3. 08-29-2018 Date of filing/registration in Florida 4. L16000145628 Document number

5. (a) Marin Porras, Whendoly de Jesus
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7950 NW 53rd St
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 337
Miami, FL 33166

- (b) Marin Porras, Whendoly de Jesus
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2900 Glades Circle
NEW Registered Office Address:

Suite 1200
Weston, FL 33327

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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]
Signature of a member or authorized representative of a member

Whendoly Marin
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]
Signature of Registered Agent

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