

L16000190833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

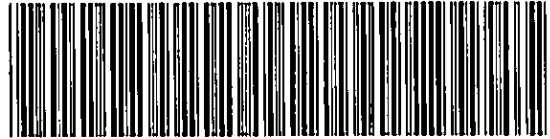
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400315394514

07/09/18--01039--003 **50.00

FILED

18 JUL -9 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JUL 10 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cano America, 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:

Jason Conger

Name of Person

Lynch Conger McLane, LLP

Firm/Company

1567 SW Chandler Ave., Suite 204

Address

Bend, OR 97702

City/State and Zip Code

akirk@lynchconger.com

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

For further information concerning this matter, please call:

Amber Kirk

at (541) 383-5857

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

**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: Cano America, LLC

2. (a) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

680 N. University Dr.

Pembroke Pines, FL 33024

10/17/2016

(b) _____

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

1587 SW Chandler Ave., Suite 204

Bend, OR 97702

L16000190833

3. Date of filing/registration in Florida

4. Document number

5. (a) Eubanks, Christian

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

URS Agents, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3458 Lakeshore Dr.

Tallahassee, FL 32312

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

URS Agents, LLC

NEW Registered Office Address:

3458 Lakeshore Dr.

Tallahassee, FL 32312

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

Jason R. R. Conger

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.

Amy Purdy, Assistant Secretary

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
18 JUL -9 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cano America Holdings, 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:

Jason Conger

Name of Person

Lynch Conger McLane, LLP

Firm/Company

1567 SW Chandler Ave., Suite 204

Address

Bend, OR 97702

City/State and Zip Code

akirk@lynchconger.com

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

For further information concerning this matter, please call:

Amber Kirk

541

383-5857

at ()

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

**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: Cano America Holdings, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>680 N. University Dr.</u> <u>Pembroke Pines, FL 33024</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>1567 SW Chandler Ave., Suite 204</u> <u>Bend, OR 97702</u>
--	---

08/14/2015

L15000139089

3. Date of filing/registration in Florida

4. Document number

5. (a) Eubanks, Christian

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

URS Agents, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3458 Lakeshore Dr.

Tallahassee, FL 32312

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

URS Agents, LLC

NEW Registered Office Address:

3458 Lakeshore Dr.

Tallahassee, FL 32312

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

Jason R. R. Conger

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.

By: Amy Purdy
Signature of Registered Agent

Amy Purdy, Assistant Secretary

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

FILED
18 JUL -9 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA