

L16000213787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

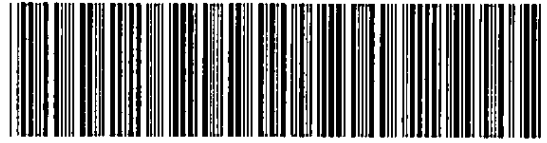
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

10/18

Office Use Only



600375042756

10/18/21--01030--015 \*\*25.00

J. HORNE  
NOV - 1 2021

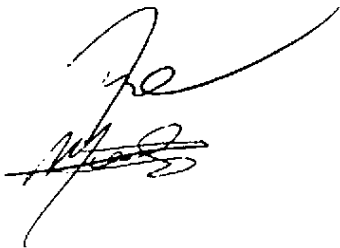
FILED  
2021 OCT 18 AM 10:15  
SECRETARY OF STATE  
HALLMARKS CENTER

09/23/2021

To whom it may concern ;

As of now VERTEXT AF, L.L.C. has two registered agents  
Frinet Dieumerci and Michelet St Germain

Sincerely yours,

A handwritten signature in black ink, consisting of a large, stylized initial 'J' followed by a long horizontal stroke and a smaller signature below it.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERTEXT AF, L.L.C.  
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:

FRINET DIEUMERCI  
Name of Person

VERTEXT AF LLC  
Firm/Company

5320 NW 55 BLVD APT 203  
Address

COCONUT CREEK FLORIDA 33073  
City/State and Zip Code

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

For further information concerning this matter, please call:

FRINET DIEUMERCI at (754) 245-2152  
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 605.0416, 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: VERTEXT AF, L.L.C.

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1920 NW 33RD COURT  
POMPANO BEACH FLORIDA 33064

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
5320 NW 55TH BLVD APT 203  
COCONUT CREEK FLORIDA 33073

3. 09/23/2021 Date of filing/registration in Florida  
 4. L16000213787 Document number

5. (a) FRINET DIEUMERCI  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4246 NW FIRST DRIVE DEERFIELD BEACH FLORIDA 33442  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 \_\_\_\_\_, FL \_\_\_\_\_

**FILED**  
 2021 OCT 18 AM 10:15  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(b) MICHELET ST GERMAIN  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
3290 SW 2ND COURT DEERFIELD BEACH FLORIDA 33442  
**NEW Registered Office Address:**  
 \_\_\_\_\_, 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.

[Signature]  
 Signature of a member or authorized representative of a member

FRINET DIEUMERCI  
 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