

L16000213787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

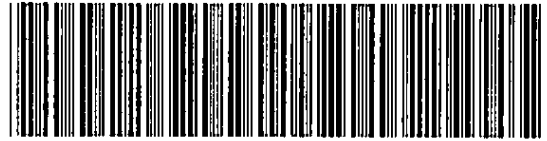
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J. HORNE
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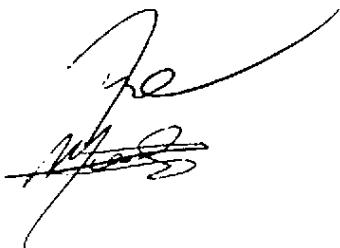
FILED
2021 OCT 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FL 32311

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, appearing to be a stylized 'J' followed by a long horizontal stroke and a small flourish.

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: VERTEX AF, L.L.C.

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**)

1920 NW 33RD COURT

5320 NW 55TH BLVD APT 203

POMPANO BEACH FLORIDA 33064

COCONUT CREEK FLORIDA 33073

09/23/2021

L16000213787

3. FRINET DIEUMERCI 4. Date of filing/registration in Florida Document number

5. (a) _____
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 _____

(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 _____

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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]
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