

L17000012943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

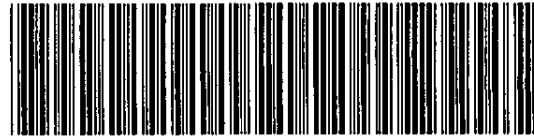
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100296976031

03/28/17--01015--026 **55.00

FILED
2017 MAR 28 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Center for Subtropical Affairs 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:

Casey Zap
Name of Person

center for Subtropical Affairs LLC.
Firm/Company

7145 NW 1~~st~~ Ct.
Address

Miami FL 33150
City/State and Zip Code

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

For further information concerning this matter, please call:

John Laderer at (863) 581-7549
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: Center for Subtropical Affairs

2. (a) 7145 NW 1st Ct. (b) 7145 NW 1st Ct.

Principal office address of limited liability company:

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

Miam FL 33150

Mailing address of limited liability company:

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

Miam FL 33150

3. January 17, 2017
Date of filing/registration in Florida

4. L17000012943
Document number

5. (a) John Laderer

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

7145 NW 1st Ct.

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

Miami FL 33150

Miami, FL 33150

(b) Casey Zap

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

7145 NW 1st Ct.

NEW Registered Office Address:

Miami, FL 33150

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

JOHN LADERER
Printed or typed name of signer

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.

Casey Zap
Signature of Registered Agent

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

FILED
2017 MAR 28 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA