

L17 0000 27323

(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



500296041345

03/03/17--01015--004 **25.00

FILED

2017 MAR -3 A 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

MAR 06 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSFIBER SOLUTIONS 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:

GEORGE CORNEA
Name of Person

TRANSFIBER SOLUTIONS
Firm/Company

4211 W 32ND COURT
Address

WEST PARK FL 33023
City/State and Zip Code

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

For further information concerning this matter, please call:

GEORGE CORNEA at (954) 274 5645
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: TRANSFIBER SOLUTIONS LLC

2. (a) 300 DIPLOMAT PKWY # 718

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

HALLANDALE, FL 33009

(b) 300 DIPLOMAT PKWY # 718,

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

HALLANDALE, FL 33009

3. 02/03/2017
Date of filing/registration in Florida

4. L 17000027323
Document number

5. (a) SIMI POP
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

300 DIPLOMAT PKWY # 718
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

HALLANDALE, FL 33009

(b) GEORGE CORNEA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4211 SW 32ND COURT
NEW Registered Office Address:

WEST PARK FL 33023

WEST PARK, FL 33023

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

GEORGE CORNEA
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

FILED
2017 MAR - 3 A 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA