

L700046335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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8-21-18

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2018 AUG 21 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FL

U.S. 8-23-18



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2018

DAN FORTE
3410 LA SIERRA AVE #F93
RIVERSIDE, CA 92503 US

SUBJECT: FORTE FROZEN 185NE, LLC
Ref. Number: L17000046335

We have received your document for FORTE FROZEN 185NE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 918A00015886



REC'D

2018 AUG 21 AM 11:29

JURID

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Forte Frozen 185NE 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:

Dan Forte

Name of Person

Forte Frozen 185NE LLC

Firm/Company

3410 La Sierra Ave. #F93

Address

Riverside, CA, 92503

City/State and Zip Code

dan.forte@fortefrozen.com

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

For further information concerning this matter, please call:

Dan Forte

at (786) 559-6350

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: Forte Frozen 185NE LLC
2. (a) 2540 Shader Rd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Orlando, Florida
32804
- (b) 3410 La Sierra Ave. #F93
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Riverside, CA
92503
3. 02/27/2017
Date of filing/registration in Florida
4. L17000046335
Document number
5. (a) David Lozada
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2361 Mistral Ct.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Kissimmee, FL 34758
- (b) David Lozada
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3804 Carrick Bend Dr.
NEW Registered Office Address:
Kissimmee, FL 34746

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TALLAHASSEE, 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

Dan Forte

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.

[Signature]
Signature of Registered Agent

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