

3/24/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1700042279

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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**LLC REGISTERED AGENT CHANGE
INDIAN MEADOWS, LLC**

Certificate of Status	0
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STATE
FL

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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: Indian Meadows, LLC

2. (a) c/o Rockridge Capital Holdings, LLC (b) c/o Rockridge Capital Holdings, LLC

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

500 East Broward Blvd., Suite 2300

500 East Broward Blvd., Suite 2300

Fort Lauderdale FL 33394

Fort Lauderdale FL 33394

06/30/2017

L17000142279

3. Date of filing/registration in Florida

4. Document number

5. (a) Clasp, Inc.

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

3001 Tamiami Trail North, Suite 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Naples FL 34103

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee FL 32301

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.

/s/Jonathan DeLuca

Jonathan DeLuca

Signature of a member or authorized representative of a member

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.

Amanda Robinson

Amanda Robinson, Asst. Vice President

Signature of Registered Agent Corporation Service Company BY:

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00