

L18000017218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

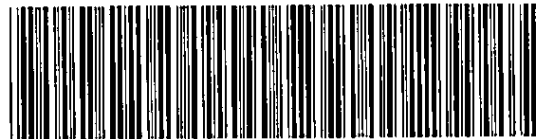
(Document Number)

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FEB 20 2020

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PatriusLLC.

\_\_\_\_\_  
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:

Nick T. Mavrick

\_\_\_\_\_  
Name of Person

Patrius, LLC

\_\_\_\_\_  
Firm/Company

2709 N.E. 35 Street

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33306

\_\_\_\_\_  
City/State and Zip Code

nickmavrick@me.com

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

For further information concerning this matter, please call:

Nick T. Mavrick

828

279-4869

at ( )

\_\_\_\_\_  
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

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DIVISION OF CORPORATIONS  
20 JAN 27 AM 9:59



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2020

NICK T. MAVRICK  
PATRIUS, LLC  
2709 N.E. 35 STREET  
FORT LAUDERDALE, FL 33306

SUBJECT: PATRIUS, LLC  
Ref. Number: L18000017218

We have received your document for PATRIUS, 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):

You failed to submit the actual registered agent change form. All we received was just the cover letter.

Please return 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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 920A00004090

**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: Patrius, LLC

2. (a) Patrius, LLC (b) Patrius, LLC

Principal office address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

2709 N.E. 35th Street

Fort Lauderdale, FL. 33306

Mailing address of limited liability company:

*(Note: MAY BE POST OFFICE BOX)*

2709 N.E. 35th Street

Fort Lauderdale, FL. 33306

January 19, 2019

L18000017218

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

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

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

5575 S. SEMORAN BLVD, SUITE 36

ORLANDO, FL. 32822

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

Nick T. Mavrick

NEW Registered Office Address:

2709 N.E. 35 Street

Fort Lauderdale, FL. 33306

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.

Nick T. Mavrick

Nicholas T. Mavrick

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.*

Nick T. Mavrick

Signature of Registered Agent

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

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CLERK  
20 JAN 27 AM 9:52