

L18000041422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

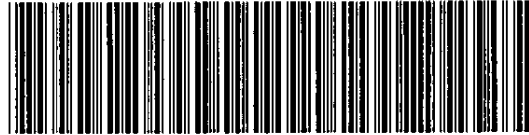
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100310449501

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 MAR 19 AM 9:49

RECEIVED
DEPARTMENT OF STATE
18 MAR 19 AM 10:43

Y SULKER

MAR 20 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 122135 7107991

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : March 19, 2018

ORDER TIME : 10:05 AM

ORDER NO. : 122135-005

CUSTOMER NO: 7107991

CHANGE OF AGENT

NAME: CDM HALLANDALE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CdM Hallandale, 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:

Caroll Prevette

Name of Person

ITG Brands, LLC

Firm/Company

714 Green Valley Road

Address

Greensboro, NC 27408

City/State and Zip Code

caroll.prevette@itgbrands.com

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

For further information concerning this matter, please call:

Caroll Prevette

at (336)

335-7710

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: CdM Hallandale, LLC

2. (a) CdM Hallandale, LLC (b) CdM Hallandale, LLC

Principal office address of limited liability company:

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

5900 N. Andrews Avenue, Suite 600

Fort Lauderdale, FL 33309

Mailing address of limited liability company:

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

301 Route 10 East

Whippany, NJ 07981

February 14, 2018

3. Date of filing/registration in Florida

L18000041422

4. Document number

5. (a) CT Corporation System

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

CT Corporation System

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

1200 South Pine Island Road

Plantation, FL 33324

(b) Corporation Service Company

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

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.

Signature of a member or authorized representative of a member

Steven Lochan

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 of Registered Agent Corporation Service Company

BY:

Roxanne Turner
Asst. Vice President

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

FILING FEE: \$25.00