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PICK-UP WAIT MAIL								
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(Business Entity Name)								
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COVER LETTER

то:	Registration Section Division of Corporations								
SUBJ	SUBJECT: USDR MANAGEMENT LLC Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.						
Please	return all correspondence concerning the	nis matter to t	he following:						
BRIA	N CRAWLEY								
	Name of Person								
	Firm/Company	 							
1645	PALM BEACH LAKES BLVD SU	ITE 1200							
	Address								
WES	T PALM BEACH FL 33401								
	City/State and Zip Code								
cswe	eprepair@gmail.com								
F	E-mail address: (to be used for future and	nual report no	tification)						
For fu	rther information concerning this matter	, please call:							
Malco	om Tony	561	995-0030						
	Name of Person		Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS:		MAILING ADDRESS:						
	Registration Section		Registration Section						
	Division of Corporations		Division of Corporations						
	Clifton Building		P.O. Box 6327						
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314						
Enclosed is a check for the following amount:									
	2 \$25 Filing Fee	٥	\$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.	Na	une of the limited liability company:	GEME	NT LLC	
2	(a)	1645 PALM BEACH LAKES BLVD		1645 PA	ALM BEACH LAKES BLVD
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 1200		SUITE 1	200
		WEST PALM BEACH FL 33401		WEST P	ALM BEACH FL 33401
		07/26/2018		L1800017	' 9389
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	BRIAN CRAWLEY			
٦.	(α)	Registered Agent and Registered Office shown on the records of the	he Florid	a Dept. of State	
		1645 PALM BEACH LAKES BLVD			20
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				ASS TO
		SUITE 1200			
		WEST PALM BEACH , FL	33401		5 7
	(b)	MALCOM TONY			PILED PHIES
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress:	
		801 BRICKELL AVE			·
		NEW Registered Office Address:		-	•
		SUITE 900			
		MIAMI , FL	33131		
the ago wa	cha ent w s/we arti-	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the regi bility co f the lin	stered office ompany, it is nited liability liability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
S	ignat	Ure of a member or authorized representative of a member			Printed or typed name of signee
1 h	erel	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have	e to ac perform for in (ereby c	t in this cana	icity. I further garee to comply with the

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

notified in writing of this change.

ignature of Registered Agent