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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations					
SUBJECT: Fidus Commercial I, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Jordan Cohen					
Name of Person					
JM Cohen Law, PA					
Firm/Company					
9100 NW 26th Place					
Address					
Sunrise, FL 33322					
City/State and Zip Code					
dustin@fidusfi.com					
E-mail address: (to be used for future annual r	report notification)				
For further information concerning this matter, plea	ise call:				
Jordan Cohen	305 912-5029				
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 amo	ount:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liabil. submits the following statement in order to change its registered office or registered agent, or both, in Florida.

Na	me of the limited fiability company:	mercial I, LL	
(a)	390 N Orange Ave		90 N Orange Ave
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFIC
	Suite 2300	S	uite 2300
	Orlando, FL 32801		rlando, FL 32801
	10/22/2018	L1	8000247165
	Date of filing/registration in Florida	4.	Document number
(a)	J.M. Cohen Law, PA		
(**/	Registered Agent and Registered Office shown on the record	s of the Florida De	pt. of State:
	615 E Colonial Dr		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	Suite 150E		TACE OF THE PERSON OF THE PERS
	Orlando	FL_32803	TALL/SSS SECRETARY
(b)	Dustin Lauer		SSECT FL
,	Enter name of NEW Registered Agent and/or NEW Register	ered Office addres	SS:
	390 N Orange Avenue		
	NEW Registered Office Address:		
	Suite 2300		
	Orlando	_{FI} 32801	

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise prothe articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company inotified in writing of this change.

Signature of Registered Agent