

L19 000034282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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December 18, 2020

**VIA OVERNIGHT MAIL**

Florida Division of Corporations  
Registration Section  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303

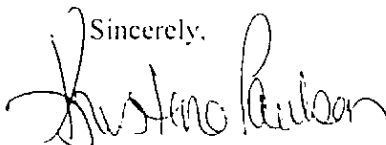
Re: Change of Registered Agent:  
Madison and Palm Management, LLC – L19000034282  
Four C's Investments, LLC – L19000195765  
REC Restaurant Holdings, LLC – L19000290990  
RC Fortitude Holdings, LLC – L19000250573

Dear Madam or Sir

Enclosed please find for filing Statements of Change of Registered Agent for each of the above-listed entities. Also enclosed are the requisite filing fees.

Please date-stamp and return the copies in the enclosed envelope.

Thank you for your assistance with this matter. Should you have any questions or need any additional information, please feel free to contact me. My email address is [kpaulsen@darslaw.com](mailto:kpaulsen@darslaw.com).

Sincerely,  
  
Kristina A. Paulsen  
Paralegal

Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Madison and Palm Management, 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:

Edward F. Kidner Esq.

Name of Person

Davis, Agnor, Rapaport & Skalny

Firm/Company

10211 Wincopin Circle Suite 600

Address

Columbia, MD 21044

City/State and Zip Code

ekidner@darslaw.com

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

For further information concerning this matter, please call:

Edward F. Kidner

at ( 410 ) 491-0204

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

**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: Madison and Palm Management, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1555 South Ocean Boulevard

1555 South Ocean Boulevard

Manalapan, FL 33462

Manalapan, FL 33462

February 4, 2019

L19000034282

3. February 4, 2019 Date of filing/registration in Florida 4. L19000034282 Document number

5. (a) Robert E. Carlucci  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Robert E. Carlucci

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1042 Seaspray Avenue

Delray Beach, FL 33483

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

NEW Registered Office Address:

1555 South Ocean Boulevard

Manalapan, FL 33462

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.

Robert E. Carlucci  
Signature of a member or authorized representative of a member

Robert E. Carlucci

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.*

Robert E. Carlucci  
Signature of Registered Agent