

L1900009489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

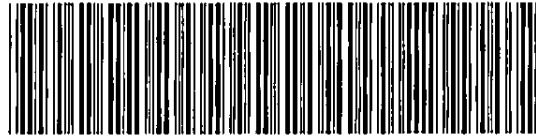
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

JUN 27 A 3:35

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19 JUN 27 PM 4:24

RECEIVED
TALLAHASSEE STATE

D SCOTT

JUN 28 2019

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

ACCOUNT NO. : I20000000195
REFERENCE : 824672 7986366
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 05.00

FILED
2019 JUN 27 A 3:35
TALLAHASSEE, FLORIDA

ORDER DATE : June 27, 2019
ORDER TIME : 1:56 PM
ORDER NO. : 824672-005
CUSTOMER NO: 7986366

CHANGE OF AGENT

NAME: RANDALL SQUARE 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: RANDALL SQUARELLC
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:

EMMANUEL HARTMAN
Name of Person

INSURANCE CARE DIRECT
Firm/Company

1002 E. NEWPORT CENTER DRIVE, SUITE 200
Address

DEERFIELD BEACH, FL 33442
City/State and Zip Code

MHARTMAN@INSURANCECAREDIRECT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMANUEL HARTMAN at (866) 792 5976
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

FILED
2019 JUN 27 A 3:36
TALLAHASSEE, FLORIDA

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: RANDALL SQUARE LLC
2. (a) 13120 W. STATE ROAD 84 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DAVIE, FL 33325
(b) 1002 E. NEWPORT CENTER DR, #200 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DEERFIELD BEACH, FL 33442
3. 4-5-2019 Date of filing/registration in Florida
4. L19000094859 Document number

- 5. (a) SETH COHEN Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1002 E. NEWPORT CENTER DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 200 DEERFIELD BEACH, FL 33432

- (b) CORPORATION SERVICE COMPANY Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 HAYS STREET NEW Registered Office Address: TALLAHASSEE, FL 32301

FILED JUN 27 A 3:36 TALLAHASSEE, FLORIDA

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 SETH COHEN 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. Roxanne Turner Asst. Vice President Signature of Registered Agent