L19000 111 736

(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:						

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COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations	•				
Fidus Commercial IV, 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	eport notification)				
For further information concerning this matter, plea	se 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 amount:					
	\$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	ame of the limited liability company: Fidus Comme	rcial IV	/, LLC			
2. (a)	390 N Orange Ave	(b) 390 N Orange Ave				
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*		Mailing address of limite (Note: MAY BE POS		
	Suite 2300	_	Suite 23	00		
	Orlando, FL 32801	_	Orlando	, FL 32801		
	5/1/2019		L190001	11736		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	South Milhausen, PA					
()	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	_ e:		
	1000 Legion Place		-	_		
	Registered Office Address (MUST BE FLORIDA STREET A Suite 1200	ADDRESS)			بي 2019 OCT	
	Orlando	32801		-	K5 13 CT -2	
(b)	Dustin Lauer Enter name of NEW Registered Agent and/or NEW Registered 390 N Orange Avenue	Office ad	dress:	-	MM 8: 00	
	NEW Registered Office Address:			_		
	Suite 2300	-		-		
	Orlando	32801		-		
the cha agent v was/w the art Signa I here provis the ob- to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attire of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of a member of all statutes relative to the proper and complete alignations of my position as registered agent as provided the profession of this change in the registered office address. I had in writing of this change.	the regitability confidence of the limited	stered office ompany, it in hited liability liability con	e and the business of shereby confirmed y company or as oth npany. Printed or typed name	office of the registe that the change(s) herwise provided i	ered n

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

Signature of Registered Agent