

3/25/2020

Division of Corporations

Florida Department of State
L20000018990
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC
 Account Number : I20110000086
 Phone : (718)569-2703
 Fax Number : (718)504-7890

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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2020 MAR 25 PM 1:37

**LLC REGISTERED AGENT CHANGE
 VERDOT AT BAY DRIVE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VERDOT AT BAY DRIVE 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:

ALEX ENGLARD

Name of Person

INTERSTATE FILINGS LLC

Firm/Company

301 MILL ROAD, SUITE U-5

Address

HEWLETT, NY 11557

City/State and Zip Code

CONTACT@INTERSTATEFILINGS.COM

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

For further information concerning this matter, please call:

ALEX ENGLARD

at (718) 569-2703

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

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: VERDOT AT BAY DRIVE LLC
2. (a) 7190 SW 87 AVE., STE. 402
Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)
MIAMI, FL 33173
- (b) 7190 SW 87 AVE., STE. 402
Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)
MIAMI, FL 33173
3. 01/23/2020
Date of filing/registration in Florida
4. L20000018990
Document number
5. (a) VERDOT C&M, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
7190 SW 87 AVE., STE. 402
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
MIAMI, FL 33173
- (b) INTERSTATE AGENT SERVICES LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
100 SE 2ND STREET
NEW Registered Office Address:
SUITE 2000 #209
MIAMI, FL 33131

2020 MAR 25 PM 12:11

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.

Yariv Bensira

(Signature of the limited liability company or its authorized representative)

YARIV BENSIRA, AUTHORIZED PERSON

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.

[Signature]

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00