

L2 00000 63827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

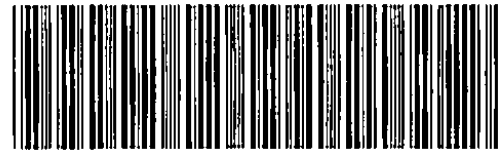
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

S/21

Office Use Only



70034341605

04/23/20--01023--008

AM
S/22/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2020

KIMBERLEE J. DE BIASE
20801 BISCAYNE BLVD.
SUITE 300
AVENTURA, FL 33180

SUBJECT: ASTRICA, LLC
Ref. Number: L20000063827

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The signature is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore
Regulatory Specialist II

Letter Number: 820A00009510

2020 May 8 9:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASTRICA, 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:

KIMBERLEE J. DE BIASE

Name of Person

BREGER | DE BIASE

Firm/Company

20801 BISCAYNE BLVD., SUITE 300

Address

AVENTURA, FL 33180

City/State and Zip Code

KIM@BDBLAWYERS.COM

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

For further information concerning this matter, please call:

KIMBERLEE J. DE BIASE

561 225-2676
at ()

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 A 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: ASTRICA, LLC (EIN: 85-0738402)

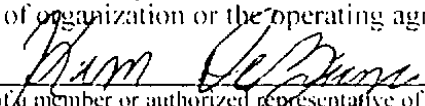
2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>3209 NE 36TH STREET, UNIT 9</u> <u>FT. LAUDERDALE, FL 33308</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>3209 NE 36TH STREET, UNIT 9</u> <u>FT. LAUDERDALE, FL 33308</u>
--	--

3. <u>Date of filing/registration in Florida</u> <u>02/26/2020</u>	4. <u>Document number</u> <u>120000063827</u>
---	--

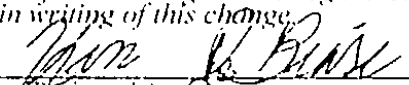
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MANUEL DINER, P.A.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2800 WESTON ROAD, SUITE 204
WESTON, FL 33331

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
KIMBERLEE J. DE BIASE, ESQ.
NEW Registered Office Address:
C/O BREGER | DE BIASE, 20801 BISCAYNE BLVD., SUITE 300
AVENTURA, FL 33180

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that if any 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 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	Kimberlee J. De Biase _____ Printed or typed name of signer
--	---

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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is merely to 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 of Registered Agent