

L20000 223585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

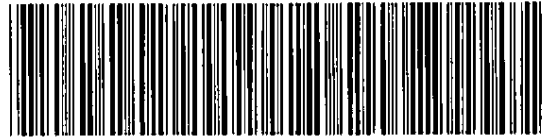
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



500419910305

RECEIVED

2023 DEC 21 PM 3:43

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/21/23  
Order #: 1357175-1  
Re: Fieldcode US LLC  
Processing Method: In-House

TO WHOM IT MAY CONCERN:

Enclosed-please-find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:  
120000000195 Authorization:

Please take the following action:  
File in your office on basis  
Issue Proof of Filing

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the 'Authorization:' line.

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fieldcode US 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:

Randall Davis

Name of Person

Fieldcode US LLC

Firm/Company

3100 SW 145 Avenue Suite 100

Address

Miramar, FL 33027

City/State and Zip Code

randall.davis@hemmersbach.com

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

For further information concerning this matter, please call:

Paraskevi Teperidou

at (+30)

6986783138

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: Fieldcode US LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
3100 SW 145 Avenue Suite 100  
Miramar, FL 33027

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  
3100 SW 145 Avenue Suite 100  
Miramar, FL 33027

3. Date of filing/registration in Florida 07/28/2020 4. Document number L20000223585

5. (a) Registered-Agent and Registered Office shown on the records of the Florida Dept. of State:  
Tomas Kucera  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1108 Kane Councourse, #206  
Miami, FL 33154

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

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 Matthias Luebko  
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 of Registered Agent