

L21000134688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

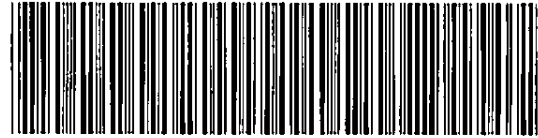
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500425589605

FILED

2024 MAR 13 AM 8:35

STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAR 13 PM 4:39

TALLAHASSEE, FLORIDA

AB



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088  
If there are any issues  
please contact Patrice at  
850-202-9071

Date: 03/12/2024

Name: Patrice Rush

Reference #: 2297831

Entity Name: MONOGRAM WINDOWS AND DOORS, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

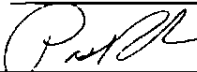
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25.00

Signature: 

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MONOGRAM WINDOWS AND DOORS, 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:

LESLIE S. OSBORNE

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1300 N. FEDERAL HIGHWAY, SUITE 203

\_\_\_\_\_  
Address

BOCA RATON, FLORIDA 33432

\_\_\_\_\_  
City/State and Zip Code

Les@rorlawfirm.com

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

For further information concerning this matter, please call:

Leslie S. Osborne

561

368-2200 (Ext 108)

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  
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: MONOGRAM WINDOWS AND DOORS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

740 S POWERLINE RD. SUITE A

1300 N. FEDERAL HIGHWAY, SUITE 203

DEERFIELD BEACH, FL 33442

BOCA RATON, FL 33432

03/31/2021

L21000134688

3. Date of filing/registration in Florida 4. Document number

5. (a) MARTA NOBO C/O DASBURG CAPITAL PARTNERS LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8950 S.W. 74TH COURT, SUITE 2201

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33156

(b) Leslie S. Osborne

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1300 N. Federal Highway, Suite 20B

NEW Registered Office Address:

Boca Raton, FL 33462

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.

Stephen Dodd

Signature of a member or authorized representative of a member

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

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

FILED  
2024 MAR 13 AM 8:35  
STATE  
FL