

L21000288147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

(Business Entity Name)

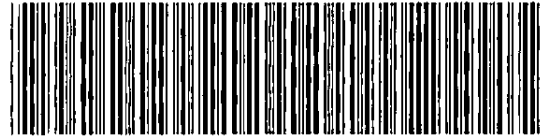
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FARGO COMMUNICATIONS GROUP, 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:

LEVINE, MORRIE I

Name of Person

Firm/Company

3300 N. 29TH AVENUE, SUITE 104

Address

HOLLYWOOD, FLORIDA 33020

City/State and Zip Code

INFO@MORRIELEVINE.COM

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

For further information concerning this matter, please call:

MORRIE I. LEVINE

954

925-9000

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: FARGO COMMUNICATIONS GROUP, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
601 BAYSHORE BLVD SUITE 700
TAMPA, FL 33606

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
601 BAYSHORE BLVD SUITE 700
TAMPA, FL 33606

06/21/2021 L21000288147

3. (a) MILLER, MICHAEL D
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
601 BAYSHORE BLVD STE 700
TAMPA FL 33606

(b) LEVINE, MORRIE I
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
3300 N. 29TH AVENUE, SUITE 104
HOLLYWOOD FL 33020

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.

Quincy A. Olage
 Signature of a member or authorized representative of a member

QUINCY A. OLAGE
 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.

Morie I. Levine
 Signature of Registered Agent

Division of Corporations • P.O. Box 6328 • Tallahassee, FL 32314
 FILING FEE: \$25.00

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 2023 OCT 20 PM 3:17
 TALLAHASSEE
 SECRETARY OF STATE