

MA2000001039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

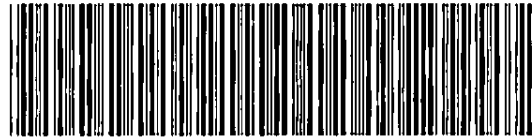
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 23 2024

Office Use Only



900427653639

FILED

2024 APR 22 AM 10:46

RECEIVED

2024 APR 12 AM 11:32

OFFICE OF THE
CLERK OF THE
SUPREME COURT
JUDICIAL BRANCH
TALLAHASSEE, FLORIDA



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

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 04/22/24
Order #: 1488261-1
Re: CUMMINGS & LOCKWOOD LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

I20000000195

Cost Limit: 25.00

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

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: CUMMINGS & LOCKWOOD 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:

Charles M. LeSchack

Name of Person

Cummings & Lockwood LLC

Firm/Company

Six Landmark Square, 8th Floor

Address

Stamford, CT 06901

City/State and Zip Code

cleschack@cl-law.com

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

For further information concerning this matter, please call:

Charles M. LeSchack

at (203) 351-4418

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: CUMMINGS & LOCKWOOD LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

SIX LANDMARK SQUARE

STAMFORD, CT 06901

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

SIX LANDMARK SQUARE

STAMFORD, CT 06901

4/23/2002

M02000001039

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

5. (a) _____

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

CLASP, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3001 Tamiami Trail N, Suite 400

Naples, FL 34103

(b) _____

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

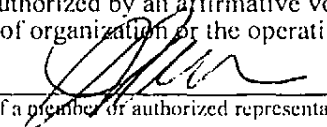
Corporation Service Company

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

LAURA W. BECK

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

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