

MO9000000173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

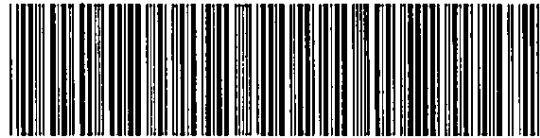
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400319372834

10/16/18--01042--016 **25.00

FILED
18 NOV 26 PM 12:11
SECTION 1001 STATE
TALLAHASSEE, FLORIDA

NOV 27 2018
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2018

ELLIOT SPRINGER
SOR TECHNOLOGY, LLC
2173 SALK AVENUE STE 300
CARLSBAD, CA 92008

SUBJECT: SOR TECHNOLOGY, LLC
Ref. Number: M09000000173

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

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 118A00022037

FILED

18 NOV 26 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
10/26/18 1:24 PM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOR Technology, 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:

Elliot Springer

Name of Person

SOR Technology, LLC

Firm/Company

2173 Salk Ave, Ste 300

Address

Carlsbad, CA 92008

City/State and Zip Code

jlekas@saveonresorts.com

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

For further information concerning this matter, please call:

Jennifer Lekas

Name of Person

858

at (

999-8201

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 NOV 26 PM 12:12

FILED

**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: SOR Technology, LLC

2. (a) 2173 Salk Ave Ste 300 (b) 2173 Salk Ave Ste 300

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Carlsbad, CA 92008

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Carlsbad, CA 92008

01/19/2010

ST37737

3. Date of filing/registration in Florida

4. Document number

5. (a) Leon Springer

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

10695 Ocean Palm way

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

APT 101

Boynton Beach, FL 33437

(b) Registered Agents Inc.

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

3030 N. Rocky Point Dr.

NEW Registered Office Address:

STE 150A

Tampa, FL 33607

FILED
18 NOV 26 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of a member or authorized representative of a member

Elliot Springer

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 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]
Signature of Registered Agent

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