

m10000003824

8/17/2016 12:17:10 PM From: To: 1-8506178383(1/3)

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000203604 3)))



H160002036043ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
SOLERA PARTNERS DE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 AUG 17 PM 12:20

TALENT, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

S Warren

AUG 18 2016

2016 AUG 17 A 9:20
SECRETARY OF STATE
TALENT, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLERA PARTNERS DE, 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:

Morgan Stevens

Name of Person

Rinaldi, Finkelstein & Franklin, LLC

Firm/Company

591 West Putnam Ave

Address

Greenwich, CT 06830

City/State and Zip Code

mstevens@starwood.com

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

For further information concerning this matter, please call:

Morgan Stevens

at 203

485-5102

Name of Person

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

INHS18 (2/14)

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, under the jurisdiction of the State of Florida, is changing its registered office or registered agent or both, in the State of Florida.

1. Name of the limited liability company: SOLERA PARTNERS DE, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

591 W Putnam Ave
Greenwich, CT 06830

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

591 W Putnam Ave
Greenwich, CT 06830

3. 08/27/2010 Date of filing/registration in Florida 4. M10000003824 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
LATPM LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3505 E FRONTAGE RD, SUITE 150

TAMPA, FL 33607

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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

Nick Antonopoulos

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.

By: C T Corporation System
Agnes Broszczak, Assistant Secretary
Signature of Registered Agent

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

INHS18 (2/14)