

m11000001628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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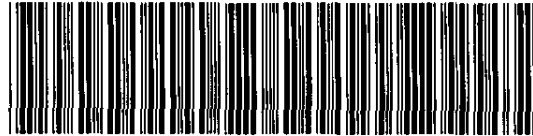
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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1107 61 330

ACCOUNT NO. : I20000000195

REFERENCE : 427058 4336650

AUTHORIZATION :

COST LIMIT :

\$25.00

ORDER DATE : December 18, 2014

ORDER TIME : 2:54 PM

ORDER NO. : 427058-005

CUSTOMER NO: 4336650

CHANGE OF AGENT

NAME: CONDO DEVELOPER II LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Condo Developer II 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:

Ben Polen

Name of Person

Condo Developer LLC

Firm/Company

150 E. Robinson Street, #200

Address

Orlando, FL 32801

City/State and Zip Code

ben@trustfort.es

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

For further information concerning this matter, please call:

Ben Polen

Name of Person

at (407) 913-0043

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

II

**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: Condo Developer II LLC

2. (a) 150 E. Robinson Street, Suite 200

Principal office address of limited liability company:

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

Orlando, FL 32801

(b) _____

Mailing address of limited liability company:

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

3. 3/29/2011
Date of filing/registration in Florida

4. M11000001628
Document number

5. (a) Diana Garces

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

150 E. Robinson Street, Suite 200

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32801

(b) Corporation Service Company

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

1201 Hays Street

NEW Registered Office Address:

Tallahassee, FL 32301-2525

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

Per Olov Otterhall

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

**Courtney Williams
Asst. Vice President**

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

14 DEC 18 AM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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