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2019 SEP 30 PM 2: 21
SECRETARY OF STATE

. Y SULKER OCT 1 5 2019

COVER LETTER

TO:	Registration Section Division of Corporations				
SHRI	FIELD MANAGEMENT (DE	LAWARE	E) LLC		
50130	Name of Limited Liability Company				
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered Off	ice Chango	e and fee(s) are submitted for filing.		
Please	e return all correspondence concerning th	is matter to	the following:		
ROB	BERT FIELD				
	Name of Person				
	Firm/Company				
309	TIMBERWOOD CT				
	Address				
PAL	M BEACH GARDENS, FL 33418				
	City/State and Zip Code				
RSF	IELD@GMAIL.COM				
<u></u>	E-mail address: (to be used for future ann	ual report	notification)		
For fu	orther information concerning this matter,	please cal	1:		
ROB	ERT FIELD	at (561-459-2770		
-	Name of Person	u. \	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				
	☑ \$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. N	lame of the limited liability company: FIELD MANA	AGEMENT (DEL	AWARE) LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	241 BRADLEY PLACE	241 BF	RADLEY PLACE
	PALM BEACH, FL 33480	PALM	BEACH, FL 33480
	04/11/2011	M11000	0001824
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 Sta	ate:
	FIELD, ROBERT	ADDRESS	_
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS ST.	<u>ADDKESS)</u>	
	TALLAHASSEE	32301	
			SECON SECONS
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	ROBERT FIELD		TALLED 30 PM 2:21 SECRETARY OF STATE TALLED TALLED TO SERVICE TO STATE TO SECRETARY OF
	NEW Registered Office Address:		
	241 BRADLEY PLACE		
	PALM BEACH . FI	33480	
If the	limited liability company is not organized under the la	us of the State of E	
the ch agent was/w	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	I the registered offi- ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Mount & France	ROBERT S	. FIELD
_	atute of Linember or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and agrificants of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act in this ca performance of my d for in Chapter 60, hereby confirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accep)5, F.S. Or, if this document is being filed at the limited liability company has been
Signat	West Kraistered Agent		

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