Division of Corporations

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.

(((H17000223687 3)))



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 : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500 Phone

: (702)866-2689 Fax Number

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

(2) ä.

LLC REGISTERED AGENT CHANGE SOUTHSIDE STATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

TO:

Registration Section

H170002236873

COVER LETTER

	Division of Corporations			
SUBJE	СТ:	Souths	ide Stat	ion LLC
	Nam	e of Lir	nited Lia	bility Company
Dear Si	r or Madam:			
The enc	losed Registered Agent/Registered Offi	ce Char	nge and f	ee(s) are submitted for filing.
Please r	eturn all correspondence concerning thi	s matte	r to the fi	ollowing:
	Jessica Chappeli			
	Name of Person			_
	InCorp Services, Inc.			
	Firm/Company			_
	3773 Howard Hughes Pkwy, Suit	e 500S		
	Address			_
	Las Vegas, NV 89169			
	City/State and Zip Code			
	documents@Incorp.com			_
E-	mail address: (to be used for future ann	nul Lebo	ort notific	cation)
For furt	her information concerning this matter,	please o	call:	. •
Jessic	ca Chappell	at (702	, 866-2500
	Name of Person			Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:		MA	ILING ADDRESS:
	Registration Section	Registration Section Division of Corporations P.O. Box 6327		
	Division of Corporations			sion of Corporations
	Clifton Building			Box 6327
	2661 Executive Center Circle		Tali	ahassee, Florida 32314
	Tallahassee, Florida 32301			
	Enclosed is a check for the following	amoun	1:	
	☑ \$25 Filing Fee		Q \$55	i Filing Fee & Certified Copy
INHS18	(2/14)			

H170002736873

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.

١.	Na	me of the limited liability company: Southside Statio	on L	LC				
2.	(a)	2837 E. Atlantic Bivd.	(b) 2637 E. Atlantic Blvd.					
-	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	\ · /	Mailing address of Ilmite (Note: MAY BE POS			:
		PMB #141		PMB #14	11			
		Pompano Beach, FL 33062	_	Pompano	Beach, FL 33062			
			-	÷-				
		06/27/2013		M1300000	34127			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(B)	CONE MANAGEMENT, INC.						
	` ,	Registered Agent and Registered Office shown on the records of the	e Flo	rida Dept. of State	: :			
		2637 E. Atlantic Blvd.			_			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDR.	ESS)				
		Pmb #141			_	<u> </u>	C3	
	•	Pompano Beach FL_		33082	_		2817 AUG	may .
	(b)	InCorp Services, Inc.				12 July 10 Jul	\sim	-
	(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Mice	nddren:	-	F.;'	2	Company of
						77.	A:	3 i i
		17888 67th Court North		·	•	70340 7.75	ف	14
		NEW Registered Office Address:				7.7	<u>ယ</u> ငာ	
		Loxahatchee, FL 33470			-			•
		Loxahatchee, FL_		33470				
the age	cha nt w s/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and address of the numbers of cless of organization of the operating agreement of the liability of the operating agreement of the liability.	he re pility the	egistered office company, it is limited liability	and the business of hereby confirmed to y company or as other	fice of the	he regis :hange(:	itered s)
		Jeff		aniel Wiener				
] pro the to	ereb visio obli nere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided poly- liv reflect a change in the registered office address, I he I inswriting of this change.	e lo erfo for i ereb	act in this cape rmance of my e in Chapter 605, y confirm that i	Printed or typed name of acity. I further agreed duties, and I am fam., F.S. Or, if this document the limited liability of the liabil	e to com iliar with	ply with h and a s being has be	h the ccept filed en
Sig	ועובת: ועובת	on behalf of Incorp Services	s, Inc	: .				
		Division of Corporations P.O. Bo	x 63	327= Tallahas	see, FL 32314			

FILING FEE: \$25.00

INHS18 (2/14)

170002236873