

MIS000004864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

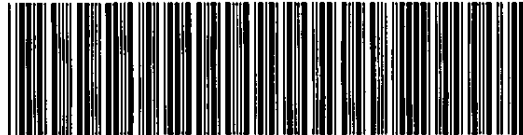
(Business Entity Name)

(Document Number)

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SEP 03 2015

J SHIVERS

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15 SEP -2 AM 8:44
IN COUNTY OF STATE
FBI MIAMI FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THRACIAN PROPERTY GROUP 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:

ROMAIN PICARD
Name of Person
C/O CONRAD BOYLE
THRACIAN PROPERTY GROUP LLC
Firm/Company

PLAZA 100 - Suite 1000
Address
100 N.E. 3rd Avenue
FORT LAUDERDALE, FL 33301
City/State and Zip Code

CONTACT@THRACIANPROPERTYGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CONRAD BOYLE at (954) 467-2200
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

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: THRACIAN PROPERTY GROUP LLC
2. (a) THRACIAN PROPERTY GROUP LLC (b) THRACIAN PROPERTY GROUP LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
412 North Main Street, Suite 100 412 North Main Street, Ste. 10
Buffalo, WY 82834 Buffalo, WY 82834
3. 6/16/2015 4. M150000004864
Date of filing/registration in Florida Document number
5. (a) MOMBACH, BOYLE, HARDIN, SIMMONS, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CONRAD BOYLE, ESQ.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5000 EAST BROWARD BLVD, Ste 1950
FORT LAUDERDALE, FL 33314
- (b) MOMBACH, BOYLE, HARDIN, SIMMONS, PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
CONRAD BOYLE, ESQ.
NEW Registered Office Address:
PLAZA 100 - Suite 1000 - 100 N.E. 3rd Avenue
Fort Lauderdale, FL 33301

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.

THRACIAN PROPERTY GROUP LLC
Signature of a member or authorized representative of a member

ROMAIN C. PICARD
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