

M15000005211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

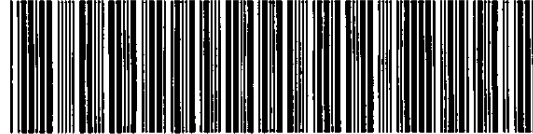
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



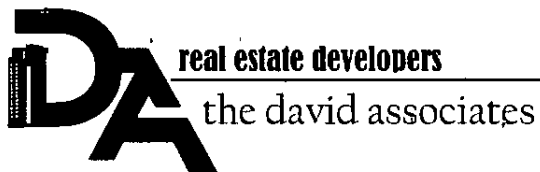
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The Cutting Edge in Commercial Real Estate

319 Clematis Street, Suite 708
West Palm Beach, FL 33401

Office 561-832-9785
Fax: 561-655-3470

www.davidassociates.com

August 15, 2016

Via Federal Express

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: **AMCO Property Management, LLC**
Document No. L98000001678

David Associates 319, LLC
Document No. M15000005211

Dear Madam or Sir:

Enclosed please find a document request for AMCO Property Management, LLC and an amendment filing request for David Associates 319, LLC, along with separate FedEx return envelopes for each.

Thank you for your attention to this matter, and if you have any questions, please do not hesitate to contact me.

David Associates

A handwritten signature in black ink, consisting of a stylized 'T' and 'J' intertwined within a circular flourish.

Theodore T. Tarone, Jr.
Director of Leasing

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: David Associates 319, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alfred N. Marulli, JR

Name of Person

David Associates 319 Holdings, LLC

Firm/Company

319 Clematis St, Suite 708

Address

West Palm Beach, FL 33401

City/State and Zip Code

lgerard@davidassociates.com

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

For further information concerning this matter, please call:

Lisa Gerard

Name of Person

at 561 832-9785

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

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☒ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: David Associates 319, LLC

Enter new principal office address, if applicable: 319 Clematis Street
Suite 708
West Palm Beach, FL 33401

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: PO Box 1168
West Palm Beach, FL 33402

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000005211

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 2, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

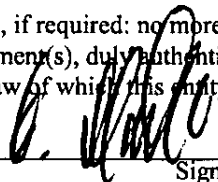
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

n/a

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>REVAC Inc.</u>	<u>2352 Main Street, Suite 201</u>	<input type="checkbox"/> Add
		<u>Concord, MA 01742</u>	<input checked="" type="checkbox"/> Remove
<u>MEM</u>	<u>Daivd Associates Holdings, LLC</u>	<u>319 Clematis Street, Ste 708</u>	<input checked="" type="checkbox"/> Add
		<u>W Palm Beach, FL 33401</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Alfred N. Marulli, Jr

Typed or printed name of signee

Filing Fee: \$25.00