2/1/2018

Division of Corporations

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(((H18000039485 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

: (954)208-0845 Fax Number $\mathcal{C}\Gamma$

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

cmsil.	Address:				

LLC REGISTERED AGENT CHANGE FOUNDRY COMMERCIAL PARTNERS, LLC

	Annual Company of Comp
Certificate of Status	Ü
Certified Copy	l
Page Count	03
Estimated Charge	\$55.00

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COVER LETTER

TO: Registration Section Division of Corporations						
Foundry Commercial Partners, LLC SUBJECT:						
Name of	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office (Change a	and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	atter to t	the following:				
		•				
Eric Nadeau						
Name of Person						
Foundry Commercial, LLC						
Firm/Company		 .⊁				
420 S Orange Ave Ste 950		·				
Address						
Orlando, FL 32801-4904						
City/State and Zip Code						
eric.nadeau@foundrycommercial.com						
E-mail address: (to be used for future annual	report n	otification)				
For further information concerning this matter, ple	ase call:					
	400	. (:				
	at (<u>407</u>	757-1511				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section Division of Corporations P.O. Box 6327					
Division of Corporations						
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314					
Tallahassee, Florida 32301						
Enclosed is a check for the following an	nount:					
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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.

. (a) ,	420 S. ORANGE AVENUE, #950	(b) 420 \$. ORANGE	AVENUE, #950			
-· (u) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 420 S. ORANGE AVENUE, #950 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	ORLANDO, FL 32801		**ORLANDO, FL 32801			
	10/29/2015	M15000008682				
	Date of filing/registration in Florida	4. Docu	ment number			
5. (a)	JOAQUIN E. MARTINEZ					
	Registered Agent and Registered Office shown on the record	s of the Florida Dept. of State:	100			
	Registered Office Address	ET ADDRESS)	A CU			
	450 SO, ORANGE AVENUE	•	m 10			
	ORLANDO	32801 450				
		ru	ب			
(b)		•••	9: 20			
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	\$			
	C T Corporation System					
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation	, FL_33324				
he cha igent v	imited liability company is not organized under the tage or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membricles of organization or the operating agreement of	c laws of the State of Florida, s of the registered office and d liability company, it is here ers of the limited liability con	the business office of the registers by confirmed that the change(s) apany or as otherwise provided in			
Signs	nture of a member or authorized representative of a member		ed or typed name of signee			
•	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as proving reflect of flunge in the registered office address of in writing filluschange.	l agree to act in this capacity, lefe performance of my dutie vided for in Chapter 605, F.S s. I hereby confirm that the li	I further agree to comply with the square familiar with and acce. Or, if this document is being file mited liability company has been			

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