

4/1/2020

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

MIS 10079

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(((H20000098783 3)))



H20000098783ABC4

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : URS AGENTS LLC
 Account Number : I2015000127
 Phone : (800)567-4397
 Fax Number : (800)567-4398

2020 APR -2 AM 10:34
 STATE

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

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LLC REGISTERED AGENT CHANGE
ALPHA GAMMA DELTA PROPERTY MANAGEMENT, LLC

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APR 03 2020
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPHA GAMMA DELTA PROPERTY MANAGEMENT, 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:

MICHELE CAMARCO

Name of Person

ALPHA GAMMA DELTA PROPERTY MANAGEMENT, LLC

Firm/Company

8710 N. MERIDIAN STREET

Address

INDIANAPOLIS, IN 46260

City/State and Zip Code

housing@alphagammadelta.org

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

For further information concerning this matter, please call:

URS Agents c/o Kanetha Bishop

at (800) 567-4397

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

((H20000098783 3))

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: ALPHA GAMMA DELTA PROPERTY MANAGEMENT, LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>8710 N. MERIDIAN STREET</u>	<u>8710 N. MERIDIAN STREET</u>
<u>INDIANAPOLIS, IN 46260</u>	<u>INDIANAPOLIS, IN 46260</u>

3. <u>12/16/2015</u>	4. <u>M15000010079</u>
Date of filing/registration in Florida	Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
COGENCY GLOBAL INC.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
115 NORTH CALHOUN STREET STE 4
TALLAHASSEE, FL 32301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
URS AGENTS, LLC
NEW Registered Office Address:
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312

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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.

Michele Camarco
Signature of a member or authorized representative of a member

Michele Camarco, CFO
Printed or typed name of signee

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.

K. Bishop
Signature of Registered Agent
Kanatha Bishop, Asst. Secretary

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