

**M1600005322**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

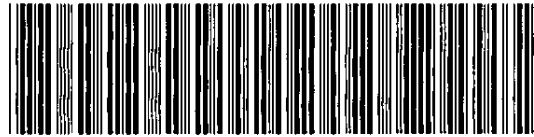
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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Date: June 13, 2017

Account# sl20000000088

Name: Michelle Walker

Reference #: L097811

Entity Name: DUKE PARTNERS II, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

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TALLAHASSEE, FLORIDA

Please include a copy of cover letter with returned evidence. Thanks!

Authorized Amount: \$25

Please note: If authorized amount is incorrect,  
please call Michelle at 518-213-0737.

Signature: Michelle Walker

① CORPORATE HQ  
COGENCY GLOBAL INC.  
10 E 40TH ST, 10TH FL  
NY, NY 10016  
800.221.0102  
+1.212.947.7200

② EUROPEAN HQ  
COGENCY GLOBAL (UK) LIMITED  
REGISTERED IN ENGLAND & WALES,  
REGISTRY 48010712  
6 BEVIS MARKS, 1ST FL  
LONDON EC3A 7BA  
+44 (0)20.3786.1090

③ ASIA PACIFIC HQ  
COGENCY GLOBAL (HK) LIMITED  
A HONG KONG LIMITED COMPANY  
INFINITUS PLAZA, 12TH FL  
199 DES VOEUX RD CENTRAL  
HONG KONG  
+852.3975.1803

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Duke Partners II, 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:

Diana Ly  
Name of Person

Wedgewood  
Firm/Company

2015 Manhattan Beach Blvd., Ste. 100  
Address

Redondo Beach, CA 90278  
City/State and Zip Code

dly@wedgewood-inc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Ly at ( 310 ) 640-3070  
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

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TALLAHASSEE, FLORIDA

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**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: Duke Partners II, LLC

2. (a) 2015 Manhattan Beach Boulevard, Suite 100 (b) 2015 Manhattan Beach Boulevard, Suite 100

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Redondo Beach, CA 90278

Redondo Beach, CA 90278

07/01/2016

M16000005322

3. Date of filing/registration in Florida

4. Document number

5. (a) Cogency Global Inc.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 N. Calhoun Street, # 4

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

(b) COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

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.

Gregory Geiser  
Signature of a member or authorized representative of a member

Gregory Geiser  
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.*

Gregory Geiser  
Signature of Registered Agent

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

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