

8/9/2021

Division of Corporations

# m20000003147

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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2021 AUG -9 PM 4:54

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

From: Account Name : CAPITAL LEGAL GROUP PA  
Account Number : I20210000025  
Phone : (305)676-0924  
Fax Number : (305)676-0924

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2021 AUG -9 AM 10:49

FILED

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

Email Address: lshapiro@clqlaws.com

## LLC REGISTERED AGENT CHANGE SOUTHCOL ADVISORS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

H21000300358 3

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SouthCol Advisors, 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:

Lauren Shapiro

Name of Person

Capital Legal Group PA

Firm/Company

848 Brickell Avenue, Suite 630

Address

Miami, FL 33131

City/State and Zip Code

lshapiro@clglaws.com

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

For further information concerning this matter, please call:

Lauren Shapiro

at (305) 676-0924

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

H21000300358 3

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: SouthCol Advisors, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

15910 Old 41 North, Suite 220

Naples: FL 34110

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST-OFFICE BOX**)

15910 Old 41 North, Suite 220

Naples, FL 34110

03/20/2020

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3. Date of filing/registration in Florida

4. 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, Suite 4

Tallahassee, FL 32301

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

James Lumberg

NEW Registered Office Address:

15910 Old 41 North, Suite 220

Naples, FL 34110

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.

James Lumberg  
Signature of a member or authorized representative of a member

James Lumberg  
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.

James Lumberg  
Signature of Registered Agent

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA