

P04000139472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

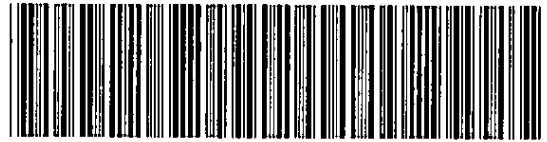
(Document Number)

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2021 OCT 11 PM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fort Lauderdale Crown Land Trust, Inc.

\_\_\_\_\_  
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:

Louise Jaffe

\_\_\_\_\_  
Name of Person

Midgard Management, Inc.

\_\_\_\_\_  
Firm/Company

1475 W. Cypress Creek Road, Suite 202

\_\_\_\_\_  
Address

Fort Lauderdale, FL. 33309

\_\_\_\_\_  
City/State and Zip Code

LJaffe@midgardmanagement.com

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

For further information concerning this matter, please call:

Louise Jaffe

at ( 954 ) 640.0233

\_\_\_\_\_  
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**

*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: Fort Lauderdale Crown Land Trust Inc.

2. (a) 1475 W. Cypress Creek Road (b) Same

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Suite 202

Fort Lauderdale, FL 33309

12.16.04

P04000139472

3. Date of filing/registration in Florida 4. Document number

5. (a) Cliff Hertz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Nelson Mullins Broad and Cassel

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

One N. Clematis St. #500

West Palm Beach, FL 33401

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

360 South Rosemary

NEW Registered Office Address:

Suite 1410

West Palm Beach, FL 33401

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.

Louise Taffe  
Signature of a member or authorized representative of a member

Louise Taffe  
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.*

\_\_\_\_\_  
Signature of Registered Agent

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